



**TENNESSEE DEPARTMENT OF CORRECTION**  
**INMATE GRIEVANCE**

JAMES GOOCH 2648941 KF-105  
 NAME NUMBER INSTITUTION & UNIT

DESCRIPTION OF PROBLEM: Failed To Give OFFENDER Proper Medical Treatment, Refused to Allow Bi-Pap machine to be transferred with OFFENDER to CBCK. ON 9-15-2010.

REQUESTED SOLUTION: Stop Refuseing medical treatment,

JAMES GOOCH 9-26-10  
 Signature of Grievant Date

3:00

TO BE COMPLETED BY GRIEVANCE CLERK

18289/226684 9/28/10 [Signature]  
 Grievance Number Date Received Signature Of Grievance Clerk

INMATE GRIEVANCE COMMITTEE'S RESPONSE DUE DATE: \_\_\_\_\_

AUTHORIZED EXTENSION: \_\_\_\_\_  
 New Due Date Signature of Grievant

**INMATE GRIEVANCE RESPONSE**

Summary of Supervisor's Response/Evidence: \_\_\_\_\_

Chairperson's Response and Reason(s): deemed inappropriate per policy 501.01  
(past 7 days / details)

DATE: 10/4/10 CHAIRPERSON: SC 10 L. BROWN

Do you wish to appeal this response? ☒ YES ☐ NO

If yes: Sign, date, and return to chairman for processing within five (5) days of receipt of first-level response.

James Gooch 10-4-10 Chet Walker  
 GRIEVANT DATE WITNESS

Distribution upon final resolution:

White – Inmate Grievant    Canary – Warden    Pink – Grievance Committee    Goldenrod – Commissioner (if applicable)



**TENNESSEE DEPARTMENT OF CORRECTION**  
**INMATE GRIEVANCE RESPONSE**

J. Cooch 264894 Hccf KF-105 18289/22C684  
 NAME NUMBER INSTITUTION & UNIT GRIEVANCE NUMBER

Summary of Evidence and Testimony Presented to Committee Claims medical would not allow  
him to take his bi-peg machine with him to court.

Inmate Grievance Committee's Response and Reasons Deemed inappropriate per policy 501.01  
(past 7 days/details)

10/4/10 SC10 J. Brawn  
 DATE CHAIRMAN MEMBER

MEMBER

MEMBER

MEMBER

Warden's Response: ☒ Agrees with Proposed Response

☐ Disagrees with Proposed Response

If Disagrees, Reason(s) for Disagreement \_\_\_\_\_

Action Taken: \_\_\_\_\_

DATE: 10-06-10 WARDEN'S SIGNATURE: [Signature]

Do you wish to appeal this response? ☒ YES ☐ NO

OCT 08 2010

If yes: Sign, date and return to chairman for processing. Grievant may attach supplemental clarification of issues or rebuttal/reaction to previous responses if so desired.

James Good 10-11-10 SC10 J. Brawn  
 GRIEVANT DATE WITNESS

Commissioner's Response and Reason(s): \_\_\_\_\_

DATE

SIGNATURE

Distribution Upon Final Resolution:

White - Inmate Grievant

Canary - Warden

Pink - Grievance Committee

Goldenrod - Commissioner



STATE OF TENNESSEE  
DEPARTMENT OF CORRECTION  
5<sup>TH</sup> FLOOR RACHEL JACKSON BLDG.  
320 SIXTH AVENUE NORTH  
NASHVILLE, TENNESSEE 37243-0465

## MEMORANDUM

Inmate Name: [REDACTED] TDOC Number: 264894  
Institution: HCCF Housing Unit: [REDACTED]  
Institution Grievance Number: 18289 TOMIS Grievance Number: 226684

Commissioner's Response and Reasons:

The Director of Health Services has reviewed the grievance and:

- ☐ Concurs with Warden      ☐ Concurs with Committee      ☒ Concurs with Supervisor  
☐ Concurs Medical Co-Payment was Appropriate

NOV 10 2010

Date

11/1/10

Paula Hefner  
Assistant Commissioner, Operations

GR-6



## TENNESSEE DEPARTMENT OF CORRECTION

INMATE GRIEVANCE

JAMES GOOCH  
NAME

264894  
NUMBER

K-A 108  
CCA H.C.C.F  
INSTITUTION & UNIT

DESCRIPTION OF PROBLEM: Bi-PAP Breathing Machine and all Equipment  
UN proper function.

REQUESTED SOLUTION: Right Kind of equipment for proper function

GRIEVANCE ON Ms. Buford HSA

James Gooch  
Signature of Grievant

10-11-10  
Date

## TO BE COMPLETED BY GRIEVANCE CLERK

18357/227389  
Grievance Number

10-21-10  
Date Received

J. Braun  
Signature Of Grievance Clerk

INMATE GRIEVANCE COMMITTEE'S RESPONSE DUE DATE: \_\_\_\_\_

AUTHORIZED EXTENSION: \_\_\_\_\_  
New Due Date

James Gooch  
Signature of Grievant

## INMATE GRIEVANCE RESPONSE

Summary of Supervisor's Response/Evidence: \_\_\_\_\_

Chairperson's Response and Reason(s): Acknowledge SUPERVISOR'S RESPONSE

DATE: 11/1/10

CHAIRPERSON: SC10 J. BRAUN

Do you wish to appeal this response? ☒ YES ☐ NO

If yes: Sign, date, and return to chairman for processing within five (5) days of receipt of first-level response.

James Gooch  
GRIEVANT

11-2-10  
DATE

Clk Wdr  
WITNESS

Distribution Upon Final Resolution:

White - Inmate Grievant    Canary - Warden    Pink - Grievance Committee    Goldenrod - Commissioner (if applicable)

**(continuation sheet)**

KA 108

RDA 2244

J MCGH - Hospital - sleep Disorder EVAL

~~thus~~ <sup>rhythm</sup> Cardiac rhythm 731 541 6834  
MD Ronald TAYLOR

Thus in summary, MR James Boach has severe obstructive sleep apnea which results in sleep fragmentation and arterial oxyhemoglobin desaturation. At the time of exit interview 7/28/2010 the results of diagnostic testing were discussed at length as well a discussion of normal sleep physiology and the patient's specific sleep pathology. Time 20/20 safety issues were discussed. Principles of sleep hygiene were reviewed. Treatment options regarding Severe obstructive sleep apneas syndrome were reviewed. At close of exit interview 7/28/2010 MR Boach voiced understanding of the results of diagnostic testing and voiced intent to pursue with weight reduction program, voiced desire to initiate Nasal bi-level pap therapy at Hardman County Correctional Facility - ~~CCF~~ H CCF Tenn and will request that he be provided a medium Respiration's Comfort Gel nasal mask with chin strap apparatus, bi level Pap at 24 cm of water I Pap and 20 cm of water E pap sleep with head elevated on two pillows as position of comfort, and sleep laterally if possible positional therapy.

J MCGH - Hospital - sleep Disorder EVAL

MT ID: 105-4003 Job# 011-01-253431; Date 12/6/12  
EMP# HNE486256318

DD: 8/14/2010 12:33:00 pm DT 8/15/2010 5:19:58 AM



**Lott, Angela**

---

**From:** Kendrix, Rosie  
**Sent:** Friday, October 22, 2010 4:26 PM  
**To:** Lott, Angela  
**Subject:** FW: GOOCH

Print copy

---

**From:** Buford, Barbara  
**Sent:** Monday, October 11, 2010 4:34 PM  
**To:** Kendrix, Rosie  
**Subject:** GOOCH

Inmate Gooch has come up here every day with his BiPAP machine. He claims it chokes him and it doesn't work right. We had the service man for Tri City, where we bought the machine, out here last week. He checked ever aspect of this machine and it is working perfectly.

Inmate Gooch came up here today complaining about his machine not working right. He was told it does work right and it is what was ordered for him; he can use it or not. I also told him he'd have to discuss it with the doctor. He said, "Do I need to go see Ms. Kendrix?" I told him to go right ahead and see you.

He will not get another machine or another referral. He has what was ordered for him and has been instructed on how to use it. He is very argumentative and reluctant to be compliant in using his BiPAP. He knows we can pull the SDS card and read how much he is actually using it, and his claims that it doesn't work right may be his excuse not to comply with his orders.

The Jackson Clinic, P.A.  
J M C G H Document

Patient ID 99713460

James Gooch

SSN 999-99-9999

SEX M

Date of Service 8/14/2010

Comfort Gel Nasal

Author: Taylor MD Ronald F.

Sign 8.20.20.2010 01:40 PM

Verify Date 8/20/2010 1:40 PM

Modified by: Taylor MD Ronald F.

Date/Time 8/20/2010 1:40 PM

Admit Date: 7/27/2010 Discharge Date 7/27/2010 \*

\* performed Date: 8/14/2010

Report Not Final until signed

This Report summarizes Treatment during the time specified.  
Consult Primary Source Documents to verify critical data

Sleep Disorder Evaluation

Patient Name Gooch James Account# 7253517 MR# 1213276

Date of Evaluation 7/28/2010

Final Diagnoses

Axis A: obstructive sleep apnea syndrome severe 327.23

Axis B: Polysomnogram 89.17 unsuccessful CPAP with successful  
bl Level PAP titration 93.99

Axis C: As outlined





**TENNESSEE DEPARTMENT OF CORRECTION**  
**RESPONSE OF SUPERVISOR OF GRIEVED EMPLOYEE OR DEPARTMENT**

DATE 10-21-10

Please respond to the attached grievance, indicating any action taken.

Date due 10-21-1018357/227389

Grievance Number

J. Gooch

Inmate Name

264894

Inmate Number

This issue have been address by HSA  
 Buford see attached statement. The BI Pap Machine  
 have been checked by the company that provided  
 it and nothing have been found wrong with it.  
 Inmate Gooch have been train on the operation  
 and use of the machine. HSA Buford is in  
 the process of seeing if there is another alternative that  
 can be used but due to the inmate health  
 health problem this Machine is best for his  
 condition

R. Kendrick

Signature

OCT 20 2010

10-25-10

Date

White - Inmate Grievant

Canary - Warden

Pink - Grievance Committee

Goldenrod - Commissioner

**DATE OF HEARING:** 11-3-10

Sgt L. Brown Grievance Chairperson

Hearing Began At: 12:57 pm

Hearing Concluded: 1:05 pm

Elected Voting Board Members Present:

1. T. Robertson Staff Member  
3. R. Hembree I/M Member

2. M. Adams Staff Member  
4. W. Burgess I/M Member

The Chairperson read the grievance, the Supervisor's response and the Grievant's requested solution.

Grievant's Name: J. Gooch TDOC #: 264894 GR #: 18357/227389

**Relevant new information presented:** States he still has no machine  
as of today. Read from paper showing his medical file. see attached.

**Witnesses:**

Inmate Name \_\_\_\_\_ TDOC#: \_\_\_\_\_ Unit: \_\_\_\_\_

Statement: \_\_\_\_\_

Staff Witness: \_\_\_\_\_ POSITION: \_\_\_\_\_

Statement: \_\_\_\_\_

**COMMITTEE'S**

**RECOMMENDATION:** CR-1393



## TENNESSEE DEPARTMENT OF CORRECTION

## INMATE GRIEVANCE RESPONSE

J. Gooch NAME 264894 NUMBER Hct KA-108 INSTITUTION & UNIT 18357/227389 GRIEVANCE NUMBER

Summary of Evidence and Testimony Presented to Committee Claims bi-pap machine doesn't work properly. (on HSA Buford)

Inmate Grievance Committee's Response and Reasons A/W Kendrick should ensure Jm Gooch RECEIVES PROPER equipment immediately.

11/3/10 DATE J. D. Braw CHAIRMAN Wayne Burgess MEMBER  
J. Douglas MEMBER Ricky Hembree MEMBER S. Adams MEMBER

Warden's Response: Agrees with Proposed Response ☐

Disagrees with Proposed Response ☒

If Disagrees, Reason(s) for Disagreement Inmate Gooch has been issue this equipment by a medical Provider. The equipment have been checked and found to be working properly

Action Taken:

DATE: 11-12-10 WARDEN'S SIGNATURE: Rosie Kendal - Acting Warden

Do you wish to appeal this response? ☒ YES ☐ NO

NOV 16 2010

If yes: Sign, date and return to chairman for processing. Grievant may attach supplemental clarification of issues or rebuttal/reaction to previous responses if so desired.

James Gooch GRIEVANT 11-17-10 DATE J. D. Braw WITNESS

Commissioner's Response and Reason(s):

DATE

SIGNATURE

Distribution Upon Final Resolution:

White - Inmate Grievant

Canary - Warden

Pink - Grievance Committee

Goldenrod - Commissioner



STATE OF TENNESSEE  
DEPARTMENT OF CORRECTION  
5<sup>TH</sup> FLOOR RACHEL JACKSON BLDG.  
320 SIXTH AVENUE NORTH  
NASHVILLE, TENNESSEE 37243-0465

MEMORANDUM

HA #111

Inmate Name: James Geach TDOC Number: 264894

Institution: HCCF Housing Unit: ~~K3102~~

Institution Grievance Number: 18357 TOMIS Grievance Number: 227389

Commissioner's Response and Reasons:

The Director of Health Services has reviewed the grievance and:

- ☐ Concurs with Warden      ☐ Concurs with Committee      ☒ Concurs with Supervisor
- ☐ Concurs Medical Co-Payment was Appropriate

12/28/10  
Date

Rubin [Signature]  
Assistant Commissioner, Operations

JAN 24 2011



## TENNESSEE DEPARTMENT OF CORRECTION

INMATE GRIEVANCE

J. Gooch  
NAME

264894  
NUMBER

CCA/HCCF K-A 108  
INSTITUTION & UNIT

DESCRIPTION OF PROBLEM: STAFF member falsifying documents in #224983 in the directive issued by warden J. Easterling on August 31, HSA Buford stated MD AND CONSULTING MD determined that C PAP wont work, BIPAP WAS ORDERED AND should Arrive Next week. Pillows will BE up to PHYSICIAN TO order.

REQUESTED SOLUTION: what EVER Policy DEEMS NECESSARY For FALSIFICATION OF DOCUMENTS

AND REFUSAL TO ADHERE TO Directive By Warden JOE EASTERLING  
Policy 501.01 VI C(2) Attached Page 3 of 9

James Gooch  
Signature of Grievant

10-19-10  
Date

## TO BE COMPLETED BY GRIEVANCE CLERK

18403/227904  
Grievance Number

11/4/10  
Date Received

R. Brann  
Signature Of Grievance Clerk

INMATE GRIEVANCE COMMITTEE'S RESPONSE DUE DATE: \_\_\_\_\_

AUTHORIZED EXTENSION: \_\_\_\_\_

New Due Date

Signature of Grievant

## INMATE GRIEVANCE RESPONSE

Summary of Supervisor's Response/Evidence: \_\_\_\_\_

Chairperson's Response and Reason(s): deemed inappropriate per policy 501.01  
(VI) C(1) multiple issues

DATE: 10-23-10 11/12/10 CHAIRPERSON: SC16 R. Brann

Do you wish to appeal this response? ☒ YES ☐ NO

If yes: Sign, date, and return to chairman for processing within five (5) days of receipt of first-level response.

James Gooch  
GRIEVANT

10-23-10  
DATE  
11-17-10

SC16 R. Brann  
WITNESS

Distribution upon final resolution:

White – Inmate Grievant    Canary – Warden    Pink – Grievance Committee    Goldenrod – Commissioner (if applicable)



**TENNESSEE DEPARTMENT OF CORRECTION**  
**INMATE GRIEVANCE** (continuation sheet)

DESCRIPTION OF PROBLEM: I am not qualified to order Pillows." STATEMENTS MADE IN RESPONSE DATED SEPTEMBER 3, 2010. BY HSA BuFord. (THE Property Room has several Pillows but I must have an order from Medical to HAVE TWO. This is something simple that SHE WAS directed to do and basically has refused.) THIS WAS WRITTEN ON SEPTEMBER 3, 2010 MS. BuFord as the department head and stated to be received September 9, 2010 in the grievance office, this should have been submitted to the Commissioners office with the grievance. Asst. Warden R. Kendrick stated in her response WRITTEN ON AUGUST 13, 2010 "SPOKE WITH HSA BuFord ON AUGUST 12, 2010 STATED THAT CPAP MACHINE WAS AT FACILITY, THE DOCTOR RONALD TAYLOR DID NOT PRESCRIBE A CPAP MACHINE, THAT'S NO WHERE IN THE DIRECTIONS OF THE CONSULTING PHYSICIAN TO GIVE A CPAP MACHINE. THIS HAS CAUSE ME MUCH PAIN AND I AM CHOKING AT NIGHT ATTEMPTING TO USE THE MACHINE THAT I WAS GIVEN THIS BEGINNING IN AUGUST AND STILL DO NOT HAVE THE PRESCRIBED MATERIALS PILLOWS NOR A MACHINE THAT IS IN WORKING CONDITION, THIS 20 DAY OF OCTOBER THERE HAS BEEN NO SENSE OF URGENCY THE ORDERS OF THE CONSULTING PHYSICIAN, I HAVE CONTINUALLY BEEN TOLD TO SIGN UP FOR SICK CALL, WHILE DIRECTIVES HAVE BEEN ISSUED AND MY LIFE IS CONTINUALLY BEING THREATENED WILL MALPRACTIVE AND NON COMPLIANCE OF THE MEDICAL STAFF OF HARDEMAN COUNTY. I WAS EVEN TOLD BY HSA BuFord ON OCTOBER 8, 2010 "MY BUDGET CAN'T DO IT RIGHT NOW" I DON'T CARE" WELL YOU ARE JUST GOING TO HAVE TO DEAL WITH IT McGooch". THIS WAS STATED TO ME PERSONALLY BY HSA BuFord, AFTER I ATTEMPTED TO TELL HER THAT THE (BiPAP) MACHINE THAT I WAS SENT WAS NOT WORKING PROPERLY AND WAS CAUSING ME TO CHoke AS IF IT WERE CUTTING OFF DURING THE NIGHT. Asst. Warden R. Kendrick stated in her response dated August 12, 2010 "SPOKE TO HSA BuFord ON 8-12-10 AND WAS INFORMED THAT THE CPAP MACHINE IS AT THE FACILITY AND THE DEPARTMENT WAS WAITING ON THE MASK TUBING AND HEAD GEAR. AS SOON AS THESE ITEMS ARRIVE INMATE WILL BE CONTACTED AND SET UP." THIS HAS TAKEN SEVERAL MONTHS AND THE MACHINE IS STILL NOT FUNCTIONING PROPERLY, I HAVE ATTEMPTED TO CONTACT HSA BuFord BY OFFICERS CALLING, SICK CALL SLIPS, REQUEST FORMS. SEVERAL TIMES BUT HAVE NOT RECEIVED ANY RELIEF. SEVERAL EXHIBITS ATTACHED AS DOCUMENTARY PROOF

JAMES GOOCH  
 2164894 K-A 108

Distribution Upon Final Resolution:

White - Inmate Grievant

Canary - Warden

Pink - Grievance Committee

Goldenrod - Commissioner (if applicable)



**TDOC GRIEVANCE PROCEDURE  
EXHIBIT**



## TENNESSEE DEPARTMENT OF CORRECTION

RESPONSE OF SUPERVISOR OF GRIEVED EMPLOYEE OR DEPARTMENTDATE 8-10-10

Please respond to the attached grievance, indicating any action taken.

Date due 8-13-1018123/224983  
Grievance NumberJ. Gooch  
Inmate Name264894  
Inmate Number

Spoke with HSA Bussell on 8-12-10 and was enjoined that the Clap Machine is at the facility and the department was waiting on the Mask tubing and head gear. as soon as these items arrive inmate will be contacted and set up

R. Kendrick

Signature

AUG 13 2010

8-12-10

Date

White - Inmate Grievant

Canary - Warden

Pink - Grievance Committee

Goldenrod - Commissioner

**TDOC GRIEVANCE PROCEDURE  
EXHIBIT**



CORRECTIONS CORPORATION OF AMERICA  
Hardeman County Correctional Facility

## WARDEN'S DIRECTIVE

TO: B. Buford, Health Services Administrator  
FROM: J. Easterling, Warden  
THROUGH: SCO L. Brown, Grievance Chairperson  
DATE: August 31st, 2010  
RE: Grievance # 18123/224983, J. Gooch, # 264894

The Warden has issued a directive in regards to the above referenced grievance. Please ensure that the directive, as listed below, is completed and implemented. After completion of the required action, the responsible department head should sign, date, and return this form within five (5) working days to the Grievance Chairperson. Thank you for your cooperation in this matter.

**YOU ARE DIRECTED TO DO THE FOLLOWING:** HSA Buford should ensure that I/M Gooch receive 2 pillows, C-pap machine, and all equipment necessary for proper function in a timely manner as prescribed by the doctor.  
(cc: R. Kendrix, Assistant Warden)

Done

List action that was taken:

MD and consulting MD determined that CMM  
won't work. BIPAP was ordered & should arrive next wk.  
Pillows will be up to physician to order. I  
am not qualified to order pillows. Discussed w MD.

Date Returned to the Grievance Office: \_\_\_\_\_

SEP 09 2010

Bruce Buford HSA 9-3-10

**TDOC GRIEVANCE PROCEDURE  
EXHIBIT**

Effective Date: September 15, 2007	Index # 501.01	Page 3 of 9
Subject: INMATE GRIEVANCE PROCEDURES		

Grievances allegedly involving Title VI complaints shall be simultaneously forwarded to the Title VI Site Coordinator (Deputy Warden/Assistant Warden at privately managed facilities) for review and final determination as to Title VI designation. Those deemed to be actual Title VI complaints (regardless of validity or issue) shall remain flagged as Title VI and investigated as such in accordance with policy. The Title VI Site Coordinator shall notify the grievance board chairperson to remove the Title VI flags for those complaints which he/she determines do not fall within the parameters of a Title VI issue. (See Policy #103.10) In such cases the grievance board chairperson shall remove the flag within one workday of receipt of notification.

The chairperson's response shall be written on CR-1394 following the chairperson's receipt and review of the supervisor's response. There will be a seven working-day time limit at Level I beginning on the day the grievance begins to be processed. If a grievant accepts the supervisor's response, the grievance chairperson shall enter the approval on Grievance (LIBG).

2. Second Level: Within five calendar days of being notified of the Level I response, the grievant may appeal the response to the grievance committee and Warden. A hearing shall be held within five working days of an appeal's filing. Within five working days of the hearing, the committee's proposed response shall be forwarded to the Warden. Within seven working days of receipt, the Warden shall forward his/her decision to the chairperson. Within five working days of receiving the Warden's response, the chairperson will allow the grievant to review the grievance materials and responses. If the grievant accepts the Level II response, the grievance chairperson shall enter the approval on Grievance (LIBG). The failure of staff to comply with a directive by the Warden as a result of the Warden's review of the grievance may result in disciplinary action.

If the Warden agrees to the grievant's requested solution, the grievant shall not have the right to appeal to Level III.

Grievances concerning TRICOR, over which the Warden has no line authority, shall be forwarded from the committee to the Warden for any comments. The grievance then proceeds to Level III of the process. The Assistant Commissioner of Operations/designee shall review and, if necessary, may forward the grievance for review/response of the Chief Executive Officer.

3. Third Level: A grievant may appeal the Level II response within five calendar days of receipt of that response. The chairperson shall forward one legible copy of the grievance and all documentation to the Assistant Commissioner of Operations/designee. The Level III response shall be sent to the grievance chairperson for distribution within 25 working days of the date the appeal was received. The chairperson shall enter the final decision on Grievance (LIBG). This response is final and is not subject to appeal. Failure of staff at TDOC managed facilities to comply with a directive by the Assistant Commissioner of Operations or the Assistant Commissioner of Rehabilitative Services as a result of the Level III review may result in disciplinary action. (At privately managed facilities, the Deputy Commissioner





## TENNESSEE DEPARTMENT OF CORRECTION

RESPONSE OF SUPERVISOR OF GRIEVED EMPLOYEE OR DEPARTMENTDATE 11-4-10

Please respond to the attached grievance, indicating any action taken.

Date due 11-9-10

18403/227904  
Grievance Number

J. Gooch  
Inmate Name

264894  
Inmate Number

In my recent response I did state that a C-Pad had been ordered but it was not a C-Pad but a BI-Pad that had been ordered this was ordered by a Medical Examiner for which I have no control. I will speak with the Unit Manager on K Unit to ensure that inmate Gooch receive another pillow. I did speak with HSA Buford again and she stated that she had contacted the Doctor who ordered the BI-Pad Machine and he stated that inmate Gooch needed to wear the Machine long enough for it to be checked again to see if there was a problem with it. HSA Buford will speak with inmate Gooch and instruct him on the use of the Machine.

R. L. Enders

Signature

11-9-10

Date

NOV 09 2010

White - Inmate Grievant

Canary - Warden

Pink - Grievance Committee

Goldenrod - Commissioner



## TENNESSEE DEPARTMENT OF CORRECTION

## INMATE GRIEVANCE RESPONSE

J. Gooch 264894 HCCF/KA-108 18403/227904  
 NAME NUMBER INSTITUTION & UNIT GRIEVANCE NUMBER

Summary of Evidence and Testimony Presented to Committee Chims HSA Buford falsified documents and she refuses to follow a Warden's directive.

Inmate Grievance Committee's Response and Reasons Deemed inappropriate per Policy 501.01 (multiple issues)

11/18/10 540 Brown \_\_\_\_\_  
 DATE CHAIRMAN MEMBER

\_\_\_\_\_  
 MEMBER MEMBER MEMBER

Warden's Response: ☒ Agrees with Proposed Response

☐ Disagrees with Proposed Response

If Disagrees, Reason(s) for Disagreement \_\_\_\_\_

Action Taken: \_\_\_\_\_

DATE: 11-19-10

WARDEN'S SIGNATURE: [Signature]

Do you wish to appeal this response? ☒ YES ☐ NO

NOV 29 2010

If yes: Sign, date and return to chairman for processing. Grievant may attach supplemental clarification of issues or rebuttal/reaction to previous responses if so desired.

James Gooch  
 GRIEVANT

11-29-10  
 DATE

SC10 J. Brown  
 WITNESS

Commissioner's Response and Reason(s): \_\_\_\_\_

DATE

SIGNATURE

Distribution Upon Final Resolution:

White - Inmate Grievant

Canary - Warden

Pink - Grievance Committee

Goldenrod - Commissioner



STATE OF TENNESSEE  
DEPARTMENT OF CORRECTION  
5<sup>TH</sup> FLOOR RACHEL JACKSON BLDG.  
320 SIXTH AVENUE NORTH  
NASHVILLE, TENNESSEE 37243-0465

OTC

# MEMORANDUM

Inmate Name: James Gooch TDOC Number: 264894  
Institution: HCCF Housing Unit: KA-108  
Institution Grievance Number: 18403 TOMIS Grievance Number: 227904

Commissioner's Response and Reasons:

The Director of Health Services has reviewed the grievance and:

- ☒ Concurs with Warden      ☐ Concurs with Committee      ☐ Concurs with Supervisor  
☐ Concurs Medical Co-Payment was Appropriate

Date

12/14/10

Assistant Commissioner, Operations

*Rachel Hefner*

RECEIVED

Ms. Buford HSA



TENNESSEE DEPARTMENT OF CORRECTION  
INMATE INQUIRY - INFORMATION REQUEST

CCA H.C.C.F

INSTITUTION

JAMES GOOCH

INMATE NAME (Please Print)

264894

INMATE NUMBER

UNIT: K-A

ROOM / BED: 108

DATE: 11-12-10

ROUTED TO: ☐ Unit Manager ☐ Inmate Relations Coordinator (IRC) ☐ Counselor ☐ Job Coordinator

1. Inmate Inquiry / Request: 'I NEED The Right Kind on Breathing Machine & medium GEL MASK Please. Every night without NO Bi PAP NO 2 PILLOWS IS A Life or Death Situation.

2. Action by Counselor / IRC:

I already talked to you.

Brian Buford HSA  
11-17-10

COUNSELOR / IRC SIGNATURE

DATE

3. Action by Record Office:

RECORD'S OFFICE STAFF SIGNATURE

DATE

4. Sentence Management Services (SMS) Response:

SMS STAFF SIGNATURE

DATE

White - Inmate

Canary - Record Office

Pink - Counselor/IRC

RDA 1167

600118-3319



**TENNESSEE DEPARTMENT OF CORRECTION  
INMATE GRIEVANCE**

KA-108

JAMES GOOCH

NAME

264894

NUMBER

CCA H.C.C.F

INSTITUTION &amp; UNIT

DESCRIPTION OF PROBLEM:

GRIEVANCE IS ON MS. BUFORD H.S. A KNOW MY CONDITION DO NOT HAVE ME IN THE SYSTEM AS CLASS B Medical AND BUFORD KNOWS ABOUT MY obstructive sleep apnea syndrome disorder.

REQUESTED SOLUTION:

TAKE HEALTH CARE MORE SERIOUS AND PUT MY CLASS B Medical in the computer system SO EVERY % WILL KNOW I NEED A BOTTOM BUNK WHERE EVER I GO.

James Gooch  
Signature of Grievant

12-9-10

Date

TO BE COMPLETED BY GRIEVANCE CLERK

18521/229233  
Grievance Number

12-14-10

Date Received

J. Brann  
Signature of Grievance Clerk

INMATE GRIEVANCE COMMITTEE'S RESPONSE DUE DATE:

AUTHORIZED EXTENSION:

12/31/10

New Due Date

James Gooch  
Signature of Grievant

**INMATE GRIEVANCE RESPONSE**

Summary of Supervisor's Response/Evidence:

Chairperson's Response and Reason(s): CONCUR WITH SUPERVISOR'S RESPONSE

DATE: 12/24/10

CHAIRPERSON:

SCA R. Brann

Do you wish to appeal this response?

☒

Yes

☐ No

If yes: Sign, date, and return to chairman for processing within five (5) days of receipt of first-level response.

James Gooch  
GRIEVANT

12-28-10

DATE

[Signature]  
WITNESS

Distribution Upon Final Resolution:

White - Inmate Grievant

Canary - Warden

Pink - Grievance Committee

Goldenrod - Commissioner (if applicable)



TENNESSEE DEPARTMENT OF CORRECTION  
INMATE GRIEVANCE (continuation sheet)

12-9-10

DESCRIPTION OF PROBLEM: I Spoke with Ms. Buford HSA ABOUT THEY HAVE ME IN THE Computer AS CLASS A MEDICAL. I HAVE A Sleep Disorder WERE I CANT CONTROL ~~WHEN~~ I CAN FALL A Sleep siting up, I Kick, snoring IN The middle of the Night. I Fall A sleep putting My shoes ON. IF Ms. Buford HSA Would TAKE My Sleep apnea Disorder MORE SERIOUS AND FOUND OUT ABOUT My Disorder BY DOING SOME RESEARCH HSA, BUFORD Would Already HAD A CLASS B Medical IN The Computer. AFTER I CAME From JACKSON Medical Sleep Disorder Hospital AND DR. Ronald Taylor put me ON A Bi Level pap BREATHING Machine 7-28-10. With My Medical Condition ANYBODY Would KNOW IM CLASS B Medical. WHERE CAN I PUT A BREATHING MACHINE SLEEPING ON TOP BUNK. No Where. I NEED My CLASS B IN The Computer system

JAMES GOOCH  
264894

Distribution Upon Final Resolution:

White - Inmate Grievant

Canary - Warden

Pink - Grievance Committee

Goldenrod - Commissioner (if applicable)





**TENNESSEE DEPARTMENT OF CORRECTION**  
**RESPONSE OF SUPERVISOR OF GRIEVED EMPLOYEE OR DEPARTMENT**

DATE 12-14-10

Please respond to the attached grievance, indicating any action taken.

Date due 12-17-10
18531/229233  
 Grievance Number

J. Gooch  
 Inmate Name

264894  
 Inmate Number

The Doctor not the HSA is the person who make the decision as to wheather inmates are class B or class A Medicals. I will have your chest pulled and checked to see if you have been classified as a class B Medical and what recommendation have been made by the Doctor at HCCF. If you have been classified as a class B medical your Complaint will be looked into with the recommendation Made

R. Lendrix  
 Signature

DEC 20 2010  
12-20-10  
 Date

White - Inmate Grievant

Canary - Warden

Pink - Grievance Committee

Goldenrod - Commissioner

**DATE OF HEARING:** 12-29-10

Sgt L. Brown Grievance Chairperson

Hearing Began At: 11:50 AM

Hearing Concluded: 11:54 AM

Elected Voting Board Members Present:

1. T. Brumelow Staff Member  
3. R. Hembree I/M Member

2. J. Dillard Staff Member  
4. B. Lapham I/M Member

The Chairperson read the grievance, the Supervisor's response and the Grievant's requested solution.

Grievant's Name: J. Gooch TDOC #: 264894 GR #: 18521/229233

Relevant new information presented: Hearing held in Absentia.

**Witnesses:**

Inmate Name \_\_\_\_\_ TDOC#: \_\_\_\_\_ Unit: \_\_\_\_\_

Statement: \_\_\_\_\_

Staff Witness: \_\_\_\_\_ POSITION: \_\_\_\_\_

Statement: \_\_\_\_\_

**COMMITTEE'S**

**RECOMMENDATION:** CR-1393



**TENNESSEE DEPARTMENT OF CORRECTION**  
**INMATE GRIEVANCE RESPONSE**

J. Gooch 264894 HCCF/KA-108 18521/229233  
 NAME NUMBER INSTITUTION & UNIT GRIEVANCE NUMBER

Summary of Evidence and Testimony Presented to Committee Claims HSA Buford does not have him  
in the system as a Class B medical.

Inmate Grievance Committee's Response and Reasons Board discussed; A/W Kendrick should  
follow up with #1 M Gooch regarding his medical classification.

12/29/10 SC/ L. Brann Jalil Muhammad  
 DATE CHAIRMAN MEMBER  
Ricky Ambrose [Signature] Brumblow  
 MEMBER MEMBER MEMBER

Warden's Response: ☒ Agrees with Proposed Response

☐ Disagrees with Proposed Response

If Disagrees, Reason(s) for Disagreement \_\_\_\_\_

Action Taken: \_\_\_\_\_

DATE: 1-6-11

WARDEN'S SIGNATURE: [Signature]

Do you wish to appeal this response? \_\_\_\_\_

YES

NO

If yes: Sign, date and return to chairman for processing. Grievant may attach supplemental clarification of issues or rebuttal/reaction to previous responses if so desired.

Jawad to next level - I'm out to court. 1/10/11  
 GRIEVANT DATE WITNESS

Commissioner's Response and Reason(s): \_\_\_\_\_

DATE

SIGNATURE

Distribution Upon Final Resolution:

White - Inmate Grievant

Canary - Warden

Pink - Grievance Committee

Goldenrod - Commissioner



CORRECTIONS CORPORATION OF AMERICA  
Hardeman County Correctional Facility

## WARDEN'S DIRECTIVE

TO: R. Kendrix, Assistant Warden  
FROM: J. Easterling, Warden  
THROUGH: SCO L. Brown, Grievance Chairperson  
DATE: January 7th, 2011  
RE: Grievance # 18521/229233, J. Gooch, # 264894

The Warden has issued a directive in regards to the above referenced grievance. Please ensure that the directive, as listed below, is completed and implemented. After completion of the required action, the responsible department head should sign, date, and return this form within five (5) working days to the Grievance Chairperson. Thank you for your cooperation in this matter.

**YOU ARE DIRECTED TO DO THE FOLLOWING:** Board discussed; A/W  
Kendrix should follow up with I/M Gooch regarding his medical classification.

List action that was taken:

Spoke with ASA Buford inmate is not a Class B  
Medical. See comment on Tom's

Rosie Kendrix  
Responsible Department Head

1-12-11  
Date

JAN 12 2011

Date Returned to the Grievance Office: \_\_\_\_\_



STATE OF TENNESSEE  
DEPARTMENT OF CORRECTION  
5<sup>TH</sup> FLOOR RACHEL JACKSON BLDG.  
320 SIXTH AVENUE NORTH  
NASHVILLE, TENNESSEE 37243-0465

MEMORANDUM

Inmate Name: James Gooch TDOC Number: 264894  
Institution: HCCF Housing Unit: KA-108  
Institution Grievance Number: 18521 TOMIS Grievance Number: 229238

Commissioner's Response and Reasons:

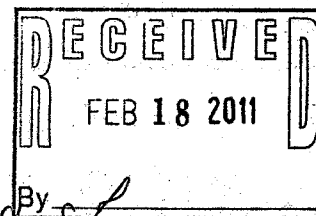
The Director of Health Services has reviewed the grievance and:

- ☐ Concurs with Warden      ☒ Concurs with Committee      ☐ Concurs with Supervisor  
☐ Concurs Medical Co-Payment was Appropriate

Date

1/31/11

Assistant Commissioner, Operations





## TENNESSEE DEPARTMENT OF CORRECTION

CBCC Grievance

## INMATE GRIEVANCE

MAR 09 2011

RECEIVED cell

JAMES A Gooch

NAME

264894

NUMBER

C.B.C.X 7-21

INSTITUTION &amp; UNIT

DESCRIPTION OF PROBLEM: C.B.C.X Medical FAIL To Provide Serious Medical Treatment For Chronic Disorder For (obstructive sleep Apnea) Bi-pap Breathing Machine.

REQUESTED SOLUTION: need Bi-pap Breathing Machine For Chronic Disorder (obstructive sleep Apnea) or sent to Special Needs Facility where Medical care provide Bi-pap Breathing Machine For Chronic Disorder

James A Gooch Jr.

Signature of Grievant

December 31-2010

Date

TO BE COMPLETED BY GRIEVANCE CLERK

16852/

Grievance Number

1/14/11

Date Received

Signature Of Grievance Clerk

INMATE GRIEVANCE COMMITTEE'S RESPONSE DUE DATE: \_\_\_\_\_

AUTHORIZED EXTENSION: \_\_\_\_\_

New Due Date

Signature of Grievant

## INMATE GRIEVANCE RESPONSE

Summary of Supervisor's Response/Evidence: Due the lack of the Bi-pap machine, as one not transferred with Jim Gooch 264894, HE will be transferred to unit 4 for medical observation for the remainder of his time here

Chairperson's Response and Reason(s): \_\_\_\_\_

DATE: \_\_\_\_\_

CHAIRPERSON: \_\_\_\_\_

Do you wish to appeal this response?

☒ YES

☐ NO

If yes: Sign, date, and return to chairman for processing within five (5) days of receipt of first-level response.

James Gooch

GRIEVANT

2-3-2011

DATE

Sgt. L. Brann

WITNESS

Distribution upon final resolution:

White - Inmate Grievant

Canary - Warden

Pink - Grievance Committee

Goldenrod - Commissioner (if applicable)



# Emergency Grievance C.B.C.X Medical

TENNESSEE DEPARTMENT OF CORRECTION

INMATE GRIEVANCE

(continuation sheet)

DESCRIPTION OF PROBLEM:

C.B.C.X Medical HAVE DENIED SERIOUS  
ATTENTION FOR MY CHRONIC DISORDER (obstructive sleep Apnea)  
I STOP BREATHING IN SLEEP I SLEEP ON Bi-PAP MACHINE  
DOCUMENTS ARE IN MY MEDICAL FILE.  
December 30-2010 prox: 7:40 EXAMINED by qualified  
Medical Personnel Dr. MS. Boyde M.D.  
C.B.C.X Medical officials violate the Constitution when  
they intentionally deny or delay access to Medical Care  
provide grossly inadequate treatment, or intentionally interfere  
with prescribed treatment from Dr. Ronald F. Taylor M.D  
JACKSON-MADISON COUNTY General Hospital Sleep Disorder  
For chronic Disorder (obstructive sleep Apnea)  
WITHOUT Bi-PAP Breathing Machine.  
STOP BREATHING IN SLEEP IS LIFE THREATENING!  
PLEASE PROTECT MY HEALTH AND SAFETY.

JAMES A GOOCH  
264894





## Continued Statement from Cpt. Brabee

TENNESSEE DEPARTMENT OF CORRECTION

~~INMATE GRIEVANCE (continuation sheet)~~

DESCRIPTION OF PROBLEM: at CBCx Gooch will be monitored hourly by the officer and every 4 hours by the Nurse, or more frequently as needed. Gooch has been seen in the clinic today and plan of care was discussed with him per the Nurse Practitioner. CBCx Medical Director was contacted and approves with this plan of action. by during this for your safety, ~~and~~

Captain Michael Brabee  
12-31-2010

RECEIVED

MAR 11 2011

CBCC  
WARDEN'S OFFICE

Distribution upon final resolution:

White - Inmate Grievant    Canary - Warden    Pink - Grievance Committee    Goldenrod - Commissioner (if applicable)

## INMATE GRIEVANCE RESPONSE

James Gooch

NAME

264894

NUMBER

HCCF

INSTITUTION &amp; UNIT

18852

GRIEVANCE NUMBER

Summary of Evidence and Testimony Presented to Committee

RECEIVED

MAR 11 2011

CBCC  
WARDEN'S OFFICE

Inmate Grievance ~~Committee's~~ <sup>CHAIRPERSON'S</sup> Proposed Response and Reasons GRIEVANCE HAS NO MERIT. I/M WAS NOT USING MACHINE PRIOR TO TRANSFER. HSA Boyd spoke w/ I/M on 1/20/11 and I/M VOICED NO CONCERNS ABOUT HIS CARE.

3/9/11

DATE

Dwain Beasley

CHAIRMAN

MEMBER

MEMBER

MEMBER

MEMBER

Warden's Response: Agrees with Proposed Response ☒Disagrees with Proposed Response ☐

If Disagrees, Reason(s) for Disagreement

Action Taken:

DATE 3-21-11

WARDEN'S SIGNATURE

Do you wish to appeal this response?

X

YES

NO

If yes: Sign, date, and return to chairman for processing. Grievant may attach supplemental clarification of issues or rebuttal/reaction to previous responses if so desired.

James Gooch

GRIEVANT

4-25-11

DATE

WITNESS

CBCC Grievance

Commissioner's Response and Reasons

MAY 11 2011

RECEIVED

DATE

SIGNATURE

Distribution Upon

- Final Resolution:
1. Grievant
  2. Warden
  3. Grievance Committee
  4. Commissioner (if applicable)

James Gooch # 264894

All My Grievance Came up missing  
At C.B.C.X And Cpl Beasley Can't  
Give me No Exspernation. I FEEL Like  
That Not very ~~per~~ professional IN A  
Serious Matter.

CBCC Grievance

MAY 11 2011

RECEIVED



neglect  
Neglect

Fender Assistant chief of security

security

DEC 29 2010

Requester

Grievance is on Ms. Buford H.S.A. Not <sup>providing</sup> ~~allowing~~ Bi-PAP Breathing Machine. ~~How I feel about going back and forth to~~

Diagnosis

on December 29<sup>2010</sup> At Prox: 9:30<sup>PM</sup> I ~~was~~ <sup>Get Transferred To</sup> ~~Had To Go To Court~~

C.B.C.X For Court. I Explained To Assistant Chief Fender

I stop Breathing In my sleep THAT I HAVE TO HAVE Bi-PAP Breathing

aching due to my obstructive sleep Apnea

In order To Breathe At Night, Assistant chief Fender called H.S.A

Buford And She order <sup>DO</sup> ~~that~~ NOT To Let I/M Coach TAKE Breathing Bi-PAP Breathing machine with Him To Court.

Buford Know About my obstructive sleep Apnea How I stop Breathing

In sleep. ~~Ms. Buford H.S.A constant Neglect to~~ <sup>show</sup> ~~the Coach~~Medical Professional <sup>Negligence</sup> My Medical Need For My Bi-PAP~~Breathing Machine Cause I'm a~~ once Medical Professional knewabout my serious medical needs since <sup>7-27-10</sup> ~~Dr. Arnold Taylor~~

sleep disorders Center Jackson-madison County General Hospital

Found several obstructive sleep Apnea's ~~when~~ that cause me to

stop Breathing In sleep And Informed In Medical File

Documents of A Copy To B. Buford, Health Services

Administrator.

James A Coach

# 264894

CBCC Grievance

MAY 11 2011

RECEIVED

Hospital

DEC 29 2010

Sevance on H.C.C.F Assistant warden Rosie Kendrick supervisor over Medical

Denied Serious Medical Need intentionally

on (Dec) 29-2010 At Pox 9:30 Sgt. Crump search my stuff for C.B.C.X Court C/o Greer  
Notice MY Bi PAP Breathing Machine for my Chronic Disorder  
obstructive Sleep Apnea C/o Greer said do H.C.C.F Medical KNOW you TAKEN  
Bi PAP Breathing Machine. I Explained I stop Breathing in my sleep I HAVE  
serious Medical Needs. So He stops assistant chief Fender in the Hallway  
AND assistant chief Fender ASK Assistant warden Rosi Kendrick supervisor  
over H.C.C.F Medical. she called Barbara Buford And Assistant warden  
Rosie Kendrick supervisor over <sup>H.C.C.F</sup> medical GAVE A Directed Assistant chief Fender  
Bi PAP Breathing Machine DO NOT Leave H.C.C.F put IT IN His  
property until He Come back From Court.  
Assistant warden Rosie Kendrick supervisor OVER H.C.C.F Medical  
professional decision was A substantial departure From accepted  
professional Judge ment.  
Denied Serious Medical Need intentionally

James Gooch # 264894

CBCC Grievance

MAY 11 2011

RECEIVED



Refuse 12-29-2010 Medical Needs

C.B.C.X Medical Health Administrator CONTACTED H.C.C.F  
N's Boyed Health Service Administrator Dec 30 2010

Inmate James A Gooch said H.C.C.F Refused to let  
A Bi pap breathing machine for Chronic Disorder go with  
him to Court Buford H.S.A AND Assistant warden said  
No Bi Pap Breathing machine stay AT H.C.C.F Facility

JAN on The 4th AND 5th 2011

Sumner Co. Jail

Health Service Administrator Melanie Miller

Requested H.C.C.F B. Buford Health Service Administrator  
Inmate Gooch 264894 Has serious medical needs with  
his obstructive sleep apnea A Chronic Disorder is very  
Serious. you stop Breathing in sleep

It Took C.B.C.X Health Service Administrator Plus  
It Took Sumner Co. Health Service Administrator  
Just To Get my serious medical need Bi pap  
Breathing machine

10 DAYS LATER AFTER Sumner Co Jail

Melanie Miller Health Service Administrator

GAVE Directed H.C.C.F Inmate Need His Bi pap  
Breathing machine JAN 7-2011 12:30 Friday Evening  
It came Through The mail.

CBCC Grievance

MAY 11 2011

RECEIVED

JAMES A Gooch

#264894

### PROBLEM ORIENTED - PROGRESS RECORD

INSTITUTION

INMATE NAME:

INMATE NUMBER:

[illegible]

NO

**Signature and Title**

Received correspondence from security re: 1/m 40 not having  
his Bi-Pap machine here @ CECX. 1/m was transferred from  
HCCF on 12-27-10 to CECX 3 Bi-Pap. Medical Dept. @ HCCF  
contacted & left voicemail requesting them, to possibly over-  
night ship Bi-Pap; provided contact numbers for return call.  
CECX HSA contacted & informed she spoke c <sup>Bonnie</sup> Beverly Buford, HSA  
@ HCCF & stated 1/m is due to be transferred back to HCCF  
1st & 2nd. 1/m was not using prior to transfer to CECX. Will  
continue to monitor 1/m & will transfer to ER if experienced  
any immediate distress.   
Printed or Duplicate as Needed Kerry Cassity, RLS, DOL  
HSA 1100





**TENNESSEE DEPARTMENT OF CORRECTION**  
**RESPONSE OF SUPERVISOR OF GRIEVED EMPLOYEE OR DEPARTMENT**

DATE: 1/14/11

Please respond to the attached grievance, indicating any action taken.

Date Due: 1/20/1118852

Grievance Number

Janez Gooch

Inmate Name

264894

Inmate Number

See ATTACHED PROGRESS NOTE RELATED TO EMERGENCY GUIDANCE FILED 12/31/2010,  
WRITTEN BY KELLEY CASSETTY, RN - DIRECTOR OF NURSING.

I SPOKE WITH THE INMATE TODAY 01/20/11 RELATED TO DIAGNOSIS OF SLEEP APNEA  
AND HIS USE OF THE Bi-PAP MACHINE. THE INMATE DID NOT VOICE ANY CONCERNS  
RELATED TO HIS CARE AT CBCL AT THIS TIME.

I EDUCATED THE INMATE OF THE NEED FOR MEDICAL OBSERVATION<sup>AL</sup> WHEN INMATE  
IS COMPLAINING OF A POSSIBLE OCCURRENCE OF ILLNESS. THIS IS DONE TO PROTECT  
HIS WELL-BEING WHILE HOUSED @ CBCL. INMATE VERBALIZED UNDERSTANDING -  
OF THE PROCEDURE.

Brenda J. Boyd, R.N., H.S.A.  
 SIGNATURE

01/20/11  
 DATE

White - Inmate Grievant    Canary - Warden    Pink - Grievance Committee    Goldenrod - Commissioner



STATE OF TENNESSEE  
DEPARTMENT OF CORRECTION  
5TH FLOOR RACHEL JACKSON BLDG.  
320 SIXTH AVENUE NORTH  
NASHVILLE, TENNESSEE 37243-0465

MEMORANDUM

Inmate Name: James Gooch TDOC Number: 264894

Institution: CBCX Housing Unit: \_\_\_\_\_

Institution Grievance Number: 18562 TOMIS Grievance Number: 229725

Commissioner's Response and Reasons:

☐ Concur with Warden ☒ Concur with Supervisor

5/10/11  
Date

Rh. Hape  
Assistant Commissioner, Operations

GR-1A



Tennessee Department of Correction  
Division of Adult Institutions

**CHARLES B. BASS CORRECTIONAL COMPLEX**

**MAIN**

7177 Cockrill Bend Industrial Road  
Nashville, Tennessee 37243-0470  
Telephone (615) 350-3361 \* Fax (615) 350-3319

**ANNEX**

7466 Centennial Boulevard, Extended  
Nashville, Tennessee 37243-0466  
Telephone: (615) 350-3389 \* Fax: (615) 350-3395

\* Dwight A. Barbee, Warden \*

**MEMORANDUM**

**TO:** Grievance Chairperson  
**FROM:** Cpl. D. Beasley, Grievance Chairperson  
**DATE:** 5/27/11  
**SUBJECT:** Grievance No. 14452

Please allow James Gooch, 264894 to review the enclosed grievance(s)  
and:

\_\_\_\_\_ This grievance has been filed against your facility. Please obtain a Supervisor's Response and process through Level II then return all copies to CBCX as soon as possible.

\_\_\_\_\_ Sign for either appeal or resolving. If resolving, have inmate sign, checking "NO." If appealing, have inmate sign, checking "YES" and return to CBCX-Main for further processing. *(If the inmate is currently out to court, please hold until his return to your facility.)*

X \_\_\_\_\_ Please forward to the above inmate the enclosed response by the Commissioner, together with the original copies.



## TENNESSEE DEPARTMENT OF CORRECTION

INMATE GRIEVANCEJAMES GOOCH

NAME

264894

NUMBER

HA-111

INSTITUTION &amp; UNIT

DESCRIPTION OF PROBLEM: GRIEVANCE ON R. KENDRIX, Assistant Warden  
HAVE NOT Follow up with ME regarding my Medical SLEEP APNEA

REQUESTED SOLUTION: CLASS B Medical For chronic disorder

James Gooch

Signature of Grievant

3-8-2011

Date

TO BE COMPLETED BY GRIEVANCE CLERK

18758/232098

Grievance Number

3/8/11

Date Received

L. Brann

Signature Of Grievance Clerk

INMATE GRIEVANCE COMMITTEE'S RESPONSE DUE DATE: \_\_\_\_\_

AUTHORIZED EXTENSION: \_\_\_\_\_

New Due Date

Signature of Grievant

INMATE GRIEVANCE RESPONSE

Summary of Supervisor's Response/Evidence: \_\_\_\_\_

Chairperson's Response and Reason(s): ACKNOWLEDGE SUPERVISOR'S RESPONSE

DATE: 3/21/11CHAIRPERSON: JCI-L. Brann

Do you wish to appeal this response?



YES

NO

If yes: Sign, date, and return to chairman for processing within five (5) days of receipt of first-level response.

James Gooch

GRIEVANT

3-21-11

DATE

Clot W. W. W.

WITNESS

Distribution upon final resolution:

White – Inmate Grievant    Canary – Warden    Pink – Grievance Committee    Goldenrod – Commissioner (if applicable)



TENNESSEE DEPARTMENT OF CORRECTION

INMATE GRIEVANCE

(continuation sheet)

DESCRIPTION OF PROBLEM: J. Easterling, Warden  
HAS ISSUED A directive in regards Kendrix, Assistant  
Warden should follow up with I/M Gooch regarding  
MEDICAL CLASSIFICATION JAN 7TH 2011,  
R. Kendrix, Assistant Warden HAVE NOT DONE NOTHING  
regarding my CLASS B MEDICAL, it's NOW MARCH 8 2011  
It's NO COOPERATION ~~IN~~ IN THIS MATTER.

JAMES GOOCH  
264894

Distribution upon final resolution:

White – Inmate Grievant    Canary – Warden    Pink – Grievance Committee    Goldenrod – Commissioner (if applicable)



Effective Date: September 15, 2007	Index # 501.01	Page 3 of 9
Subject: INMATE GRIEVANCE PROCEDURES		

Grievances allegedly involving Title VI complaints shall be immediately forwarded to the Title VI Site Coordinator (Deputy Warden/Assistant Warden at privately managed facilities) for review and final determination as to Title VI designation. Those deemed to be actual Title VI complaints (regardless of validity or issue) shall remain flagged as Title VI and investigated as such in accordance with policy. The Title VI Site Coordinator shall notify the grievance board chairperson to remove the Title VI flags for those complaints which he/she determines do not fall within the parameters of a Title VI issue. (See Policy #103.10) In such cases the grievance board chairperson shall remove the flag within one workday of receipt of notification.

The chairperson's response shall be written on CR-1394 following the chairperson's receipt and review of the supervisor's response. There will be a seven working-day time limit at Level I beginning on the day the grievance begins to be processed. If a grievant accepts the supervisor's response, the grievance chairperson shall enter the approval on Grievance (LIBG).

2. **Second Level:** Within five calendar days of being notified of the Level I response, the grievant may appeal the response to the grievance committee and Warden. A hearing shall be held within five working days of an appeal's filing. Within five working days of the hearing, the committee's proposed response shall be forwarded to the Warden. Within seven working days of receipt, the Warden shall forward his/her decision to the chairperson. Within five working days of receiving the Warden's response, the chairperson will allow the grievant to review the grievance materials and responses. If the grievant accepts the Level II response, the grievance chairperson shall enter the approval on Grievance (LIBG). The failure of staff to comply with a directive by the Warden as a result of the Warden's review of the grievance may result in disciplinary action.

If the Warden agrees to the grievant's requested solution, the grievant shall not have the right to appeal to Level III.

Grievances concerning TRICOR, over which the Warden has no line authority, shall be forwarded from the committee to the Warden for any comments. The grievant then proceeds to Level III of the process. The Assistant Commissioner of Operations/designee shall review and, if necessary, may forward the grievance for review/response of the Chief Executive Officer.

3. **Third Level:** A grievant may appeal the Level II response within five calendar days of receipt of that response. The chairperson shall forward one legible copy of the grievance and all documentation to the Assistant Commissioner of Operations/designee. The Level III response shall be sent to the grievant for distribution within 25 working days of the date the appeal was received. The chairperson shall enter the final decision on Grievance (LIBG). This decision is final and is not subject to appeal. Failure of staff at TDOC management to comply with a directive by the Assistant Commissioner of Operations/designee or the Commissioner of Rehabilitative Services as a result of the review of the grievance may result in disciplinary action. (At privately managed facilities, the grievance may be forwarded to the Warden for review and final determination as to Title VI designation.)



CORRECTIONS CORPORATION OF AMERICA  
Hardeman County Correctional Facility

## **WARDEN'S DIRECTIVE**

**TO:** Kendrix, Assistant Warden  
**FROM:** J. Easterling, Warden  
**THROUGH:** SCO L. Brown, Grievance Chairperson  
**DATE:** January 7th, 2011  
**RE:** Grievance # 18521/229233, J. Gooch, # 264894

The Warden has issued a directive in regards to the above referenced grievance. Please ensure that the directive, as listed below, is completed and implemented. After completion of the required action, the responsible department head should sign, date, and return this form within five (5) working days to the Grievance Chairperson. Thank you for your cooperation in this matter.

**YOU ARE DIRECTED TO DO THE FOLLOWING:** Board discussed; A/W Kendrix should follow up with I/M Gooch regarding his medical classification.

List action that was taken:

\_\_\_\_\_  
\_\_\_\_\_

Responsible Department Head

Date

Date Returned to the Grievance Office: \_\_\_\_\_





**TENNESSEE DEPARTMENT OF CORRECTION**  
**RESPONSE OF SUPERVISOR OF GRIEVED EMPLOYEE OR DEPARTMENT**

DATE 3-8-11

Please respond to the attached grievance, indicating any action taken.

Date due 3-11-11

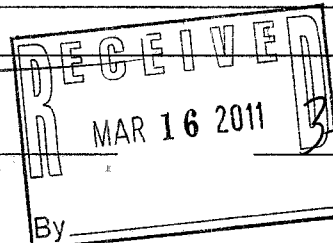
18758 / 232098  
Grievance Number

J. Gooch  
Inmate Name

264894  
Inmate Number

*Your Medical Issue are being followed upon as directed.*

*[Signature]*  
Signature



3-11-11  
Date

White - Inmate Grievant

Canary - Warden

Pink - Grievance Committee

Goldenrod - Commissioner



**TENNESSEE DEPARTMENT OF CORRECTION**  
**INMATE GRIEVANCE RESPONSE**

J. Gooch  
 NAME

264894  
 NUMBER

HCCF-HA-111  
 INSTITUTION & UNIT

18758/232098  
 GRIEVANCE NUMBER

Summary of Evidence and Testimony Presented to Committee

Claims A/w Kendrix will not follow  
a directive issued by the Warden.  
(18521 / 229233)

Inmate Grievance Committee's Response and Reasons

Board discussed; Requested solution  
has been met

3/23/11  
 DATE

SC/ L. Bran  
 CHAIRMAN

[Signature]  
 MEMBER

Kristina Davis  
 MEMBER

[Signature]  
 MEMBER

[Signature]  
 MEMBER

Warden's Response: ☒ Agrees with Proposed Response

☐ Disagrees with Proposed Response

If Disagrees, Reason(s) for Disagreement \_\_\_\_\_

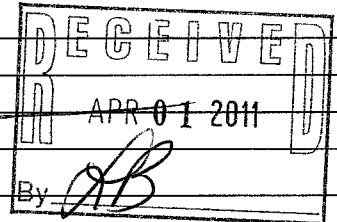
Action Taken:

DATE: 3-31-11

WARDEN'S SIGNATURE: [Signature]

Do you wish to appeal this response? \_\_\_\_\_ YES \_\_\_\_\_ NO

If yes: Sign, date and return to chairman for processing. Grievant may attach supplemental clarification of issues or rebuttal/reaction to previous responses if so desired.



APPEAL in Absent  
 GRIEVANT

4-5-11  
 DATE

SC/ L. Bran  
 WITNESS

Commissioner's Response and Reason(s): \_\_\_\_\_

DATE

SIGNATURE

Distribution Upon Final Resolution:

White - Inmate Grievant

Canary - Warden

Pink - Grievance Committee

Goldenrod - Commissioner



## TENNESSEE DEPARTMENT OF CORRECTION

RESPONSE OF SUPERVISOR OF GRIEVED EMPLOYEE OR DEPARTMENTDATE 5-10-11

Please respond to the attached grievance, indicating any action taken.

Date due 5-10-1118758

Grievance Number

James Gooch

Inmate Name

264894

Inmate Number

All of Inmate Gooch's needs & complaints have been addressed. He has received a Bi-PAP machine and has been given 3 (three) different masks because he has complained about the fit & some other problem with them. He receives distilled water for his machine as needed. I have advised Inmate Gooch that this department has met all of his needs. I reported each step to Warden Pendry at her direction.

B. J. Buford #BA

Signature

5-10-11

Date

White - Inmate Grievant

Canary - Warden

Pink - Grievance Committee

Goldenrod - Commissioner



STATE OF TENNESSEE  
**DEPARTMENT OF CORRECTION**  
4TH FLOOR RACHEL JACKSON BLDG.  
320 SIXTH AVENUE NORTH  
NASHVILLE, TENNESSEE 37243-0465

**MEMORANDUM**

Inmate Name: T. J. Jones TDOC Number: 264894  
Institution: HCCF Housing Unit: 1A-111  
Institution Grievance Number: 18758 TOMIS Grievance Number: 232098

Commissioner's Response and Reasons:

☒ Concur with Warden ☒ Concur with Supervisor ☐ Appeal Denied

06-08-11

Date

Reuben Hodge  
Assistant Commissioner, Operations

GR-1A

**HARDEMAN COUNTY CORRECTIONAL FACILITY  
INMATE REQUEST FORM**

Attachment 20-110A

TO: MS. Burford DEPT: H.C.C.F DATE: 1-13-10

REQUEST: IM IN school THEY write me up when Im To Tired To  
Go or over sleep. They want A written Not That I Do HAVE A sleeping  
Disorder. They want something From medical To put on FILE so They  
will know Im telling The Truth They want Listen To me or unit manger  
ESTER they The De Board AND school Teacher want some A A writers statement  
From medical To go on FILE That I DO Have A sleeping Disorder.

James Gooch 264894 KA 107 DTC  
INMATE NAME (PRINT NAME) NUMBER HOUSING ASSIGNMENT

RESPONSE: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

STAFF SIGNATURE \_\_\_\_\_

DATE: \_\_\_\_\_

Cc: Original - Responding Staff  
Inmate Copy

(Rev. 4/02)

700113-2234

**HARDEMAN COUNTY CORRECTIONAL FACILITY  
INMATE REQUEST FORM**

Attachment 20-110A

TO: MS. Burford DEPT: H.C.C.F DATE: 1-20-10

REQUEST: I choke Everyday And Most o f The DAY AND NOTHING  
HAS'NT Got DONE About MY sleeping Di'sorder. Do MY FAMILY  
Got To Go OVER your HEAD And push the isue ~~to~~ ME And MY  
FAMILY Has BEEN patient And Respectful ~~to~~ FOR OVER  
4 month Now Im Tired All the time plus I choke When I sleep can  
you stop GIVING ME the RUN AROUND And Go AHEAD AND TAKE CARE of this matter.  
JAMES GOOCH 264894 H-A-107 OTC

INMATE NAME (PRINT NAME)

NUMBER

HOUSING ASSIGNMENT

RESPONSE:

I have addressed this issue Numerous  
times. When your requests get here, we will  
review your case & the doctor will do what  
he thinks is best.

STAFF SIGNATURE

DATE:

Cc: Original - Responding Staff  
Inmate Copy

(Rev. 4/02)

700113-2234

**HARDEMAN COUNTY CORRECTIONAL FACILITY  
INMATE REQUEST FORM**

Attachment 20-110A

TO: Medical MS. Burford DEPT: H.C.C.F DATE: 2-9-10

REQUEST: ON Sept 9-09 thru Oct 14-09 TO FEB-9-10 AND MANY MORE  
TIMES that I JAMES GOOCH HAVE trouble BREATHING at Night AND DAY BECAUSE  
of my disorder sleep apnea and low-grade narcolepsy ON 7 Oct 2009 I Filled A  
grievance AND Nothing still HASN'T BEEN DONE yet Can Somebody PLEASE  
Help Me PLEASE I CAN'T DO much From A INMATE Position SO COULD you  
Help me you will BE BLESSED. THANK FOR your ATTENTION GOD BLESS you MAN.

JAMES A GOOCH 264894 H-A 107 OTC  
INMATE NAME (PRINT NAME) NUMBER HOUSING ASSIGNMENT

RESPONSE: You came down & signed a release for us  
to send off for your records. The haven't  
received them yet, but will let you know when we do  
Thank you for HSA 2-17-10

STAFF SIGNATURE

DATE:

(Rev. 4/02)

Cc: Original - Responding Staff  
Inmate Copy

700113-2234



**HARDEMAN COUNTY CORRECTIONAL FACILITY  
INMATE REQUEST FORM**

Attachment 20-110A

TO: Ms. Burford DEPT: H.C.C.F DATE: 2-10-10

REQUEST: I should Be CLASS B medical I WAS Before I  
Got To H.C.C.F I need this on the computer About my Disorder  
Im ON A Bottom Now I just need This posted So officers will  
Respect my ~~Disorder~~ Sleeping Disorder THEY say if Im Class B medical  
A VO I need it on the Computer so we want Have No problems.

James Goorch 264894 K-A 107  
INMATE NAME (PRINT NAME) NUMBER HOUSING ASSIGNMENT

RESPONSE: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

STAFF SIGNATURE

DATE: \_\_\_\_\_

Cc: Original - Responding Staff  
Inmate Copy

(Rev. 4/02)

700113-2234

HARDEMAN COUNTY CORRECTIONAL FACILITY  
INMATE REQUEST FORM

Attachment 20-110A

TO: Ms. Burford DEPT: H.C.C.F DATE: 4/6/10

REQUEST: ON Sept 9/9/09, Oct-14, FEB 9-10, March, April I Games Gooch  
HAVE Trouble Breathing my disorder is sleep apnea and low grade Narcolepsy  
ON Oct 7-09 I Filled A grievance AND Nothing still Hasnt Been Done yet  
Can I Get some Help please.

JAMES A Gooch  
INMATE NAME (PRINT NAME)

264894  
NUMBER

K-B 102  
HOUSING ASSIGNMENT

RESPONSE:

I'll get with the doctor's nurse  
& see if we can't get something done. We were  
told by the medical center you had us contact  
Bruce Burford HSA

STAFF SIGNATURE

DATE:

4-16-10

Cc: Original - Responding Staff  
Inmate Copy

that they  
had no  
records for you.  
(Rev. 4/02)  
700113-2234

HARDEMAN COUNTY CORRECTIONAL FACILITY  
INMATE REQUEST FORM

Attachment 20-110A

TO: Barbara Burford DEPT: H.C.C.F DATE: 10-02-09

REQUEST: I sleep on A C-PAP MACHINE AND ~~NO~~ NOBODY show me  
NO medical ATTENTION I stay Choking IN MY sleep chest stay  
Hurting AND HAVE No ENERGY From lack of sleep Could somebody  
Please Help me With THIS MATTER PLEASE.

JAMES GOOCH 264894 K-A-209  
INMATE NAME (PRINT NAME) NUMBER HOUSING ASSIGNMENT

RESPONSE: You have had a sleep study ordered. However,  
it has not yet been approved. If it is approved,  
you will be called to medical when it's time for  
your appointment. Yes, you are receiving medical  
attention.

Brian Burford HSA  
STAFF SIGNATURE

11-18-9  
DATE:

Cc: Original - Responding Staff  
Inmate Copy

(Rev. 4/02)

700113-2234



**TENNESSEE DEPARTMENT OF CORRECTION  
INMATE GRIEVANCE**

James Gooch 264894 HCCF KA-209  
NAME NUMBER INSTITUTION & UNIT

DESCRIPTION OF PROBLEM: On 14 Oct 2009, Grievant told counselor Davis that he was having trouble breathing at night because he has sleep apnea and low-grade narcolepsy. On 7 Oct 2009, Grievant

REQUESTED SOLUTION: C-Pap machine be issued or at the least, medical to allow me to see someone.

James Gooch 10-14-09  
Signature of Grievant Date

17281/214512 10/21/09 [Signature]  
Grievance Number Date Received Signature of Grievance Clerk

INMATE GRIEVANCE COMMITTEE'S RESPONSE DUE DATE: \_\_\_\_\_

AUTHORIZED EXTENSION: \_\_\_\_\_  
New Due Date Signature of Grievant

**INMATE GRIEVANCE RESPONSE**

Summary of Supervisor's Response/Evidence: \_\_\_\_\_

Chairperson's Response and Reason(s): Concur with Supervisor's Response

DATE: 10/27/09 CHAIRPERSON: Sgt Adams

Do you wish to appeal this response? ☒ Yes ☐ No

If yes: Sign, date, and return to chairman for processing within five (5) days of receipt of first-level response.

James Gooch 11-2-09 Chet Walk  
GRIEVANT DATE WITNESS

Distribution Upon Final Resolution:  
White - Inmate Grievant    Canary - Warden    Pink - Grievance Committee    Goldenrod - Commissioner (if applicable)



**TENNESSEE DEPARTMENT OF CORRECTION**  
**INMATE GRIEVANCE** (continuation sheet)

**DESCRIPTION OF PROBLEM:**

informed UM Esters of the same problem and UM Esters stated, "I ain't got time right now." On 17 Sept 2009 Grievant turned in an Emergency Grievance to Sgt McKinney, who stated, "I can't do anything with this - it's not my responsibility." Sleep apnea is a life-threatening disease where a person stops breathing while sleeping. I have been ignored enough. Medical was supposed to issue the Grievant a C-Pap machine to help me continuously breath at night.

On 15 Oct. 2009, Grievant again informed UM Esters that he needed his C-Pap machine. Therefore, the grievant grieves that UM Esters is denying said machine to grievant.

Distribution Upon Final Resolution:

White - Inmate Grievant

Canary - Warden

Pink - Grievance Committee

Goldenrod - Commissioner (if applicable)



Commissioner

11-18-09

How ARE You today? I hope everything is a blessing your way. My name is JAMES A. GOOCH #264894. I am writing CONCERNING my disability. I sleep on a C-PAP machine and all of the nurses, and Case manager know my Condition is very serious. Here at H.C.C.F I've talk to "everyone" about the seriousness of my Condition but Continue to get the Run around about this Situation dealing with my health.

I need some "Real" medical attention and I HAVE explain several times to these people that I Have Sleep Apnea, where You HAVE NO Control in Your sleep and may smother <sup>to death</sup> while I'm sleeping. Also Narcolesy where I fall asleep anytime which causes me to have a LACK of sleep. which Causes my Blood pressure problems, which raise high while I'm Sleep and put me in Jeopardy of a Stroke while I'm Sleep.

These are Dieing Disorder in which I have no Control over.

To Be straight To THE point, Im Requesting A Sleep Test so I CAN HAVE A C-pap machine Before I go in a Deep sleep And Never WAKE up or Stroke out in my sleep.

This is A Very serious matter. if I Do Die, Everybody will Be Looking Around when THEY Could've Just Tried To Help me, Bottom Line, THANK'S For Your Attention.

GOD Bless You

James Gooch #264894

Last Grievance about this matter

11-17-09



## TENNESSEE DEPARTMENT OF CORRECTION

## RESPONSE OF SUPERVISOR OF GRIEVED EMPLOYEE OR DEPARTMENT

DATE 10/21/09

Please respond to the attached grievance, indicating any action taken.

Date due 10/26/0917281/214512

Grievance Number

Gooch, J.

Inmate Name

264894

Inmate Number

I have reviewed Jm's complaint. Case  
 Meg Davis stated Jm Gooch came to her  
 and stated he stopped breathing for 5 min.  
 (Den) ~~the night before he~~ This took place the night  
 before he reported to her. She stated he was  
 wanting to know when was U.M. Ester going  
 to get him a machine and she told Jm  
 that she had no knowledge of what he was  
 talking about. Jm stated in grievance he has  
 sleep apnea. Jm's cellie + Jm Gooch  
~~he~~ never contacted the central room the date  
 he said he stopped breathing. At Den U.M. Ester  
 can not approve a C pap machine. This is a  
 medical issue and must be approved through  
 medical. I consider this grievance resolved at this  
 level.

Signature

10/26/09

Date

OCT 26 2009

White - Inmate Grievant

Canary - Warden

Pink - Grievance Committee

Goldenrod - Commissioner



## TENNESSEE DEPARTMENT OF CORRECTION

RESPONSE OF SUPERVISOR OF GRIEVED EMPLOYEE OR DEPARTMENTDATE 12-4-09

Please respond to the attached grievance, indicating any action taken.

Date due ASAP17281/214512

Grievance Number

J. Gooch

Inmate Name

264894

Inmate Number

Inmate Gooch was referred for a sleep study, however, he was denied by the Regional Health Director. I have asked Inmate Gooch, in writing, to supply me with the names of the doctors who diagnosed and/or treated him. As soon as I obtain this information, perhaps we can either get a sleep study or supply the inmate with a CPAP. As it stands now, the only documentation on this inmate's chart that states he needs a CPAP is what he has said regarding the matter. We have no documentation from any health professional that supports this need.

Brian Buford HSA

Signature

12-7-5

Date

White - Inmate Grievant

Canary - Warden

Pink - Grievance Committee

Goldenrod - Commissioner

**DATE OF HEARING:** 11/4/09

Sco M. Adams Grievance Chairperson

Hearing Began At: 9:17am

Hearing Concluded: 9:21am

**Elected Voting Board Members Present:**

1. A. Rogers Staff Member

2. K. Howell Staff Member

3. E. Hinton I/M Member

4. D. Dugger I/M Member

The Chairperson read the grievance, the Supervisor's response, and the Grievant's requested solution.

Grievant's Name: J. Gooch TDOC #: 264894 GR #: 17281/214512

Relevant new information presented: states he stopped breathing between 45  
seconds to 1 minute, not five minutes; everything else in  
grievance is correct.

**Witnesses:**

Inmate Name \_\_\_\_\_ TDOC#: \_\_\_\_\_ Unit: \_\_\_\_\_

Statement: \_\_\_\_\_

Staff Witness: \_\_\_\_\_ POSITION: \_\_\_\_\_

Statement: \_\_\_\_\_

**COMMITTEE'S**

**RECOMMENDATION:** CR-1393



**TENNESSEE DEPARTMENT OF CORRECTION**  
**INMATE GRIEVANCE RESPONSE**

J. Gooch  
NAME

264894  
NUMBER

HCCF/KA-209  
INSTITUTION & UNIT

17281/214512  
GRIEVANCE NUMBER

Summary of Evidence and Testimony Presented to Committee Claims U/M Ester is denying him  
a C-Pap machine.

Inmate Grievance Committee's Response and Reasons Concur with supervisors  
response.

11-4-09.  
DATE

S% Adams  
CHAIRMAN

Kristy Hancock  
MEMBER

April Rogers  
MEMBER

Emmitt  
MEMBER

[Signature]  
MEMBER

Warden's Response: ☒ Agrees with Proposed Response

☐ Disagrees with Proposed Response

If Disagrees, Reason(s) for Disagreement \_\_\_\_\_

Action Taken:

DATE: 11/11/09

WARDEN'S SIGNATURE: [Signature]

Do you wish to appeal this response? ☒ YES ☐ NO

If yes: Sign, date and return to chairman for processing. Grievant may attach supplemental clarification of issues or rebuttal/reaction to previous responses if so desired.

James Hoad  
GRIEVANT

11-17-09  
DATE

M. Adams  
WITNESS

Commissioner's Response and Reason(s): \_\_\_\_\_

DATE

SIGNATURE

Distribution Upon Final Resolution:

White - Inmate Grievant

Canary - Warden

Pink - Grievance Committee

Goldenrod - Commissioner





STATE OF TENNESSEE  
DEPARTMENT OF CORRECTION  
5TH FLOOR RACHEL JACKSON BLDG.  
320 SIXTH AVENUE NORTH  
NASHVILLE, TENNESSEE 37243-0465

**MEMORANDUM**

Inmate Name: James Gooch TDOC Number: 264894

Institution: HCCF Housing Unit: KA-209

Institution Grievance Number: 17281 TOMIS Grievance Number: 214512

**Commissioner's Response and Reasons:**

The Director of Health Services has reviewed the grievance and concurs with the Supervisor and the Health Administrator.

12/16/09  
Date

Ruben Hafe  
Assistant Commissioner, Operations

GR-6

DEC 23 2009



TENNESSEE DEPARTMENT OF CORRECTION

INMATE GRIEVANCE

JAMES A GOOCH 264894 CCA/H.C.C.F K-B102  
NAME NUMBER INSTITUTION & UNIT

DESCRIPTION OF PROBLEM: GRIEVANCE IS ON MS. BU Ford H.S.A  
on October 14-2009, sept 9-9-9, FEB 9-10 Request  
Forms To MS. BU Ford H.S.A THAT I HAVE trouble breathing at night because  
I have sleep Apnea and low Grade Narcolepsy.

REQUESTED SOLUTION: C-PAP Machine be issued or at least A Medical sleep test  
so I can get the right Medical Attention please  
Grievance ON MS. BU Ford

James Gooch  
Signature of Grievant

4-27-10  
Date

TO BE COMPLETED BY GRIEVANCE CLERK

18450/228350  
Grievance Number

11/19/10  
Date Received

R. Braun  
Signature Of Grievance Clerk

INMATE GRIEVANCE COMMITTEE'S RESPONSE DUE DATE: \_\_\_\_\_

AUTHORIZED EXTENSION: \_\_\_\_\_  
New Due Date Signature of Grievant

INMATE GRIEVANCE RESPONSE

Summary of Supervisor's Response/Evidence: \_\_\_\_\_

Chairperson's Response and Reason(s): deemed inappropriate per policy 501.01  
(VI) (b) (1) (past 7 days)

DATE: 11/26/10 CHAIRPERSON: Sec. L. Braun

Do you wish to appeal this response? ☒ YES ☐ NO

If yes: Sign, date, and return to chairman for processing within five (5) days of receipt of first-level response.

James Gooch  
GRIEVANT

11-4-10  
DATE

Cliff Walsh  
WITNESS

James Gooch  
Distribution upon final resolution:

11-29-10

White - Inmate Grievant Canary - Warden Pink - Grievance Committee Goldenrod - Commissioner (if applicable)



**TENNESSEE DEPARTMENT OF CORRECTION**  
**INMATE GRIEVANCE** (continuation sheet)

DESCRIPTION OF PROBLEM: INformed Ms. BuFord H.S.A ON October  
14-2009. THAT I HAVE sleep Apnea AND Low Grade  
Narcolepsy.  
I HAVE wrote Request Forms AND Grievance ON  
this issue.  
Sleep Apnea is A life threatening disease where I  
stop breathing while sleeping.  
Medical's supposed to MAKE SURE I HAVE  
Proper Care. pursuit to State and Federal laws.

JAMES GOOCH

264894

Distribution Upon Final Resolution:

White - Inmate Grievant

Canary - Warden

Pink - Grievance Committee

Goldenrod - Commissioner (if applicable)



**TENNESSEE DEPARTMENT OF CORRECTION**  
**RESPONSE OF SUPERVISOR OF GRIEVED EMPLOYEE OR DEPARTMENT**

DATE 11/19/10

Please respond to the attached grievance, indicating any action taken.

18450/228350

Grievance Number

Goach, J.

Inmate Name

264894

Inmate Number

Inmate Goach was seen by outside Medical and was issued a BT-Pap Machine for his Medical Condition HSA. Beyond has followed the right procedure and Medical Treatment has been provided for his Complaint. The BT-Pap Machine was prescribed by an outside provider who made the determination as to what Machine was to be used.

Signature

NOV 23 2010

11-23/10

Date

White - Inmate Grievant

Canary - Warden

Pink - Grievance Committee

Goldenrod - Commissioner



**TENNESSEE DEPARTMENT OF CORRECTION**  
**INMATE GRIEVANCE RESPONSE**

J. Gooch 264894 HCCF/KB-102 18450/228350  
 NAME NUMBER INSTITUTION & UNIT GRIEVANCE NUMBER

Summary of Evidence and Testimony Presented to Committee Wants to receive the proper medical  
attention for his sleep apnea

Inmate Grievance Committee's Response and Reasons Deemed inappropriate per Policy 501.01  
(past 7 days)

11/29/10 SC10 L. Bram \_\_\_\_\_  
 DATE CHAIRMAN MEMBER

\_\_\_\_\_  
 MEMBER MEMBER MEMBER

Warden's Response: ☒ Agrees with Proposed Response

☐ Disagrees with Proposed Response

If Disagrees, Reason(s) for Disagreement \_\_\_\_\_

Action Taken:

DATE: 12-3-10 WARDEN'S SIGNATURE: [Signature]

Do you wish to appeal this response? \_\_\_\_\_ YES \_\_\_\_\_ NO

If yes: Sign, date and return to chairman for processing. Grievant may attach supplemental clarification of issues or rebuttal/reaction to previous responses if so desired.

Forwarded to next level, etc 12/6/10 SC10 L. Bram  
 GRIEVANT DATE WITNESS

Commissioner's Response and Reason(s): \_\_\_\_\_

\_\_\_\_\_  
 DATE SIGNATURE

Distribution Upon Final Resolution:

White - Inmate Grievant Canary - Warden Pink - Grievance Committee Goldenrod - Commissioner





STATE OF TENNESSEE  
DEPARTMENT OF CORRECTION  
5<sup>TH</sup> FLOOR RACHEL JACKSON BLDG.  
320 SIXTH AVENUE NORTH  
NASHVILLE, TENNESSEE 37243-0465

HA #111

MEMORANDUM

Inmate Name: James Geach TDOC Number: 264894  
Institution: HCCF Housing Unit: ~~15-12~~  
Institution Grievance Number: 18450 TOMIS Grievance Number: 228350

Commissioner's Response and Reasons:

The Director of Health Services has reviewed the grievance and:

- ☐ Concurs with Warden      ☐ Concurs with Committee      ☒ Concurs with Supervisor  
☐ Concurs Medical Co-Payment was Appropriate

Date

12/28/10

Ruth Hefse  
Assistant Commissioner, Operations

JAN 24 2011



TENNESSEE DEPARTMENT OF CORRECTION  
INMATE GRIEVANCE

James Goach

NAME

264894

NUMBER

HCCF K-F 103

INSTITUTION & UNIT

DESCRIPTION OF PROBLEM: I've been denied several times now medical treatment ON 7-8-2010 I went to medical over my sleep apnea I'm in desperate need of my C-PAP machine. I've spoken with medical

REQUESTED SOLUTION: I would like them to get my sleep study completed and get my C-PAP machine so I can sleep.

James A. Goach

Signature of Grievant

7-8-10

Date

TO BE COMPLETED BY GRIEVANCE CLERK

18493/228661

Grievance Number

11-30-10

Date Received

L. Brown

Signature of Grievance Clerk

INMATE GRIEVANCE COMMITTEE'S RESPONSE DUE DATE:

AUTHORIZED EXTENSION:

New Due Date

Signature of Grievant

INMATE GRIEVANCE RESPONSE

Summary of Supervisor's Response/Evidence:

Chairperson's Response and Reason(s): Denied inappropriate per policy 501.01  
(VI) (C) (1)

DATE: 12/6/10

CHAIRPERSON:

Sgt. L. Brown

Do you wish to appeal this response?

☒ Yes

☐ No

If yes: Sign, date, and return to chairman for processing within five (5) days of receipt of first-level response.

James Goach

GRIEVANT

11-4-10

DATE

Sgt. L. Brown

WITNESS

Distribution Upon Final Resolution:

White - Inmate Grievant

Canary - Warden

Pink - Grievance Committee

Goldenrod - Commissioner (if applicable)



**TENNESSEE DEPARTMENT OF CORRECTION**  
**INMATE GRIEVANCE**      (continuation sheet)

DESCRIPTION OF PROBLEM: ON Numerous Occasions concerning this matter, nothing comes out of it. They continue to tell me I'm on a list for a sleep test. I've been told that for more than 6 months! All I'm wanting to do is sleep! And I'm unable to do so due to the choking, and gasping for air. Under TDOC / CCA Policy 113.30A 6-A 1 General and 113.30 Paragraph 5 Inmates within the physical custody of the TDOC shall have timely access to the appropriate level of Health care. Its been going on since September 9, 2009 with NO Relief in sight.

7-8-10

James a Boock  
264894

Distribution Upon Final Resolution:

White - Inmate Grievant

Canary - Warden

Pink - Grievance Committee

Goldenrod - Commissioner (if applicable)



**TENNESSEE DEPARTMENT OF CORRECTION**  
**RESPONSE OF SUPERVISOR OF GRIEVED EMPLOYEE OR DEPARTMENT**

DATE 11-30-10

Please respond to the attached grievance, indicating any action taken.

Date due 12-3-1018493/228661

Grievance Number

J. Gooch

Inmate Name

264894

Inmate Number

Inmate Gooch had his test some time ago and was ordered a Bi PAP machine which the pulmonary doctor said he needed. He has the machine now. He doesn't like it & wants a CPAP, but the pulmonologist was very firm that the Bi PAP is the machine that has to be used - Ben Bayford NSA

Ben Bayford NSA  
 Signature

12-3-10

Date

White - Inmate Grievant

Canary - Warden

Pink - Grievance Committee

Goldenrod - Commissioner

DEC 03 2010



**TENNESSEE DEPARTMENT OF CORRECTION**  
**INMATE GRIEVANCE RESPONSE**

J. Gooch      264894      HCCF/ K~~F~~-103      18493/228661  
NAME      NUMBER      INSTITUTION & UNIT      GRIEVANCE NUMBER

Summary of Evidence and Testimony Presented to Committee Claims he has been denied the medical treatment he needs for his sleep apnea.

Inmate Grievance Committee's Response and Reasons Deemed inappropriate per Policy 501.01. (past 7 days details)

12/10/10      SIC/ J. Brawn      \_\_\_\_\_  
DATE      CHAIRMAN      MEMBER

\_\_\_\_\_  
MEMBER      MEMBER      MEMBER

Warden's Response:      Agrees with Proposed Response      ☒

Disagrees with Proposed Response      ☐

If Disagrees, Reason(s) for Disagreement \_\_\_\_\_

Action Taken: \_\_\_\_\_

DATE: 12-13-10

WARDEN'S SIGNATURE: [Signature]

Do you wish to appeal this response?      ☒ YES      ☐ NO

DEC 13 2010

If yes: Sign, date and return to chairman for processing. Grievant may attach supplemental clarification of issues or rebuttal/reaction to previous responses if so desired.

James Good  
GRIEVANT

12-13-10  
DATE

SIC/ J. Brawn  
WITNESS

Commissioner's Response and Reason(s): \_\_\_\_\_

DATE

SIGNATURE

Distribution Upon Final Resolution:

White - Inmate Grievant

Canary - Warden

Pink - Grievance Committee

Goldenrod - Commissioner





## TENNESSEE DEPARTMENT OF CORRECTION

INMATE GRIEVANCE

JAMES A Gooch

NAME

264894

NUMBER

H.C.C.F KF-103

INSTITUTION &amp; UNIT

DESCRIPTION OF PROBLEM: ~~THE~~ Stop Breathing IN Sleep.

INMATE Grievance Is on Ms. Burford

REQUESTED SOLUTION: 2- Pillows &amp; C-PAP Machine.

James A Gooch

Signature of Grievant

8-8-10

Date

TO BE COMPLETED BY GRIEVANCE CLERK

18123/224983

Grievance Number

8-10-10

Date Received

Sgt. L. Braun

Signature Of Grievance Clerk

INMATE GRIEVANCE COMMITTEE'S RESPONSE DUE DATE: \_\_\_\_\_

AUTHORIZED EXTENSION: \_\_\_\_\_

New Due Date

Signature of Grievant

INMATE GRIEVANCE RESPONSE

Summary of Supervisor's Response/Evidence: \_\_\_\_\_

Chairperson's Response and Reason(s): concur with supervisor's Response

DATE: 8/13/10

CHAIRPERSON:

Sgt. L. Braun

Do you wish to appeal this response?

☒ YES☐ NO

If yes: Sign, date, and return to chairman for processing within five (5) days of receipt of first-level response.

James Gooch Jr.

GRIEVANT

8-16-10

DATE

Walt

WITNESS

Distribution upon final resolution:

White - Inmate Grievant

Canary - Warden

Pink - Grievance Committee

Goldenrod - Commissioner (if applicable)



TENNESSEE DEPARTMENT OF CORRECTION  
INMATE GRIEVANCE (continuation sheet)

## DESCRIPTION OF PROBLEM:

HAD A sleep study ON 7-27-10  
At Jackson-Madison County General Hospital  
I stop Breathing IN MY Sleep My Condition IS very serious  
The doctor said NO oxygen IS going TO MY BRAIN WITH OUT  
A C-PAP Machine.  
He describe ME a 2-Pillows AND a ~~Pillow~~  
A C-PAP A SAP.  
I've BEEN BACK FROM Jackson-Madison County General Hospital  
From 7-27-10 9:00 AM  
with out 2 pillows & C-PAP 7-27-10

7-28-10  
7-29-10  
7-30-10  
7-31-10  
8-1-10  
8-2-10  
8-3-10  
8-4-10  
8-5-10  
8-6-10  
8-7-10  
8-8-10

NO 2-Pillows , NO C-PAP Machine

I It's plenty of paper WORK ON FILE IN Medical.  
on MY Sleep study From Jackson-Madison County Hospital From  
7-27-10

James Boach  
264894

Distribution Upon Final Resolution:

White - Inmate Grievant

Canary - Warden

Pink - Grievance Committee

Goldenrod - Commissioner (if applicable)

Effective Date: September 15, 2007	Index # 501.01	Page 3 of 9
Subject: INMATE GRIEVANCE PROCEDURES		

Grievances allegedly involving Title VI complaints shall be simultaneously forwarded to the Title VI Site Coordinator (Deputy Warden/Assistant Warden at privately managed facilities) for review and final determination as to Title VI designation. Those deemed to be actual Title VI complaints (regardless of validity or issue) shall remain flagged as Title VI and investigated as such in accordance with policy. The Title VI Site Coordinator shall notify the grievance board chairperson to remove the Title VI flags for those complaints which he/she determines do not fall within the parameters of a Title VI issue. (See Policy #103.10) In such cases the grievance board chairperson shall remove the flag within one workday of receipt of notification.

The chairperson's response shall be written on CR-1394 following the chairperson's receipt and review of the supervisor's response. There will be a seven working-day time limit at Level I beginning on the day the grievance begins to be processed. If a grievant accepts the supervisor's response, the grievance chairperson shall enter the approval on Grievance (LIBG).

2. Second Level: Within five calendar days of being notified of the Level I response, the grievant may appeal the response to the grievance committee and Warden. A hearing shall be held within five working days of an appeal's filing. Within five working days of the hearing, the committee's proposed response shall be forwarded to the Warden. Within seven working days of receipt, the Warden shall forward his/her decision to the chairperson. Within five working days of receiving the Warden's response, the chairperson will allow the grievant to review the grievance materials and responses. If the grievant accepts the Level II response, the grievance chairperson shall enter the approval on Grievance (LIBG). ~~The failure of staff to comply with a directive by the Warden as a result of the Warden's review of the grievance may result in disciplinary action.~~

If the Warden agrees to the grievant's requested solution, the grievant shall not have the right to appeal to Level III.

Grievances concerning TRICOR, over which the Warden has no line authority, shall be forwarded from the committee to the Warden for any comments. The grievance then proceeds to Level III of the process. The Assistant Commissioner of Operations/designee shall review and, if necessary, may forward the grievance to review/response of the Chief Executive Officer.

3. Third Level: A grievant may appeal the Level II response within five calendar days of receipt of that response. The chairperson shall forward one legible copy of the grievance and all documentation to the Assistant Commissioner of Operations/designee. The Level III response shall be sent to the grievance chairperson for distribution within 25 working days of the date the appeal was received. The chairperson shall enter the final decision on Grievance (LIBG). This response shall be final and is not subject to appeal. Failure of staff at TDOC managed facilities to comply with a directive by the Assistant Commissioner of Operations or the Assistant Commissioner of Rehabilitative Services as a result of the Level II response may result in disciplinary action. (At privately managed facilities, the Deputy Commissioner of



## TENNESSEE DEPARTMENT OF CORRECTION

## RESPONSE OF SUPERVISOR OF GRIEVED EMPLOYEE OR DEPARTMENT

DATE 8-10-10

Please respond to the attached grievance, indicating any action taken.

Date due 8-13-1018123/224983  
Grievance NumberJ. Gooch  
Inmate Name264894  
Inmate Number

Spoke with HSA Beyer on 8-12-10 and was informed that the Clap Machine is at the facility and the department was waiting on the Mask tubing and head gear. as soon as these items arrive inmates will be contacted and set up

R. Kendrick

Signature

AUG 13 2010

8-12-10

Date

White - Inmate Grievant

Canary - Warden

Pink - Grievance Committee

Goldenrod - Commissioner

**DATE OF HEARING:** 8/18/10

SCO L. Brown Grievance Chairperson

Hearing Began At: 9:48am

Hearing Concluded: 9:56am

Elected Voting Board Members Present:

1. J. Dillard Staff Member  
3. W. Burgess I/M Member

2. K. Sain Staff Member  
4. W. Bushy I/M Member

The Chairperson read the grievance, the Supervisor's response and the Grievant's requested solution.

Grievant's Name: J. Gooch TDOC #: 264 894 GR #: 18123/224983

**Relevant new information presented:** States HSA Buford told him she thought he  
had a breathing machine on 8/7/10. States the doctor told him he  
thought he already had a breathing machine on 8/16/10.

**Witnesses:**

Inmate Name \_\_\_\_\_ TDOC#: \_\_\_\_\_ Unit: \_\_\_\_\_

Statement: \_\_\_\_\_

Staff Witness: \_\_\_\_\_ POSITION: \_\_\_\_\_

Statement: \_\_\_\_\_

**COMMITTEE'S**

**RECOMMENDATION:** CR-1393



**TENNESSEE DEPARTMENT OF CORRECTION**  
**INMATE GRIEVANCE RESPONSE**

J. Goach  
NAME

264894  
NUMBER

HCCF/KF-103  
INSTITUTION & UNIT

18123/224983  
GRIEVANCE NUMBER

Summary of Evidence and Testimony Presented to Committee Claims HSA Buford will not provide  
him with a C-Pap machine and pillows

Inmate Grievance Committee's Response and Reasons HSA Buford should ensure that I/m Goach  
RECEIVE 2 pillows, C-PAP machine And all equipment necessary for  
PROPER function in a timely manner as prescribed by the doctor.

8/18/10  
DATE

Sgt. L. Brown  
CHAIRMAN

Wayne Burgess  
MEMBER

Al Buss  
MEMBER

Jim Duval  
MEMBER

Kristin J. J.  
MEMBER

Warden's Response: ☒ Agrees with Proposed Response

☐ Disagrees with Proposed Response

If Disagrees, Reason(s) for Disagreement \_\_\_\_\_

Action Taken:

DATE: 8-30-10

WARDEN'S SIGNATURE: [Signature]

AUG 31 2010

Do you wish to appeal this response? ☐ YES ☐ NO

If yes: Sign, date and return to chairman for processing. Grievant may attach supplemental clarification of issues or rebuttal/reaction to previous responses if so desired.

I/m DTC Awarded to next  
GRIEVANT LEVEL 9/8/10  
DATE

Sgt. L. Brown  
WITNESS

Commissioner's Response and Reason(s): \_\_\_\_\_

DATE

SIGNATURE

Distribution Upon Final Resolution:

White - Inmate Grievant

Canary - Warden

Pink - Grievance Committee

Goldenrod - Commissioner





## **WARDEN'S DIRECTIVE**

**TO:** R. Kendrix, Assistant Warden

**FROM:** J. Easterling, Warden

**THROUGH:** SCO L. Brown, Grievance Chairperson

**DATE:** August 31st, 2010

**RE:** Grievance # 18123/224983, J. Gooch, # 264894

The Warden has issued a directive in regards to the above referenced grievance. Please ensure that the directive, as listed below, is completed and implemented. After completion of the required action, the responsible department head should sign, date, and return this form within five (5) working days to the Grievance Chairperson. Thank you for your cooperation in this matter.

**YOU ARE DIRECTED TO DO THE FOLLOWING:** HSA Buford should ensure that I/M Gooch receive 2 pillows, C-pap machine, and all equipment necessary for proper function in a timely manner as prescribed by the doctor.  
(cc: B. Buford, HSA)

List action that was taken:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Responsible Department Head

\_\_\_\_\_  
Date

Date Returned to the Grievance Office: \_\_\_\_\_

TDCC 501.01  
v1.2(2)

"THE failure of Staff to Comply with a directive By the Warden as a result of the Warden's Review of the grievance MAY result in Disciplinary Action.



CORRECTIONS CORPORATION OF AMERICA  
Hardeman County Correctional Facility

## **WARDEN'S DIRECTIVE**

**TO:** B. Buford, Health Services Administrator  
**FROM:** J. Easterling, Warden  
**THROUGH:** SCO L. Brown, Grievance Chairperson  
**DATE:** August 31st, 2010  
**RE:** Grievance # 18123/224983, J. Gooch, # 264894

The Warden has issued a directive in regards to the above referenced grievance. Please ensure that the directive, as listed below, is completed and implemented. After completion of the required action, the responsible department head should sign, date, and return this form within five (5) working days to the Grievance Chairperson. Thank you for your cooperation in this matter.

**YOU ARE DIRECTED TO DO THE FOLLOWING:** HSA Buford should ensure that I/M Gooch receive 2 pillows, C-pap machine, and all equipment necessary for proper function in a timely manner as prescribed by the doctor.  
(cc: R. Kendrix, Assistant Warden)

List action that was taken:

---

---

Responsible Department Head

Date

Date Returned to the Grievance Office: \_\_\_\_\_



## WARDEN'S DIRECTIVE

TO: B. Buford, Health Services Administrator

FROM: J. Easterling, Warden

THROUGH: SCO L. Brown, Grievance Chairperson

DATE: August 31st, 2010

RE: Grievance # 18123/224983, J. Gooch, # 264894

The Warden has issued a directive in regards to the above referenced grievance. Please ensure that the directive, as listed below, is completed and implemented. After completion of the required action, the responsible department head should sign, date, and return this form within five (5) working days to the Grievance Chairperson. Thank you for your cooperation in this matter.

**YOU ARE DIRECTED TO DO THE FOLLOWING:** HSA Buford should ensure that I/M Gooch receive 2 pillows, C-pap machine, and all equipment necessary for proper function in a timely manner as prescribed by the doctor.  
(cc: R. Kendrix, Assistant Warden)

Done

List action that was taken:

*MD and consulting MD determined that C-PAP  
won't work. BiPAP was ordered + should arrive next wk.  
Pillows will be up to physician to order. I  
am not qualified to order pillows. Discussed w MD.*

Date Returned to the Grievance Office: \_\_\_\_\_

SEP 09 2010

*Bu Buford HSA 9-3-10*

18123



STATE OF TENNESSEE  
DEPARTMENT OF CORRECTION  
5<sup>TH</sup> FLOOR RACHEL JACKSON BLDG.  
320 SIXTH AVENUE NORTH  
NASHVILLE, TENNESSEE 37243-0465

KA107

MEMORANDUM

Inmate Name: James Gooch TDOC Number: 264894

Institution: HCCF Housing Unit: KF-103

Institution Grievance Number: 18123 TOMIS Grievance Number: 224983

Commissioner's Response and Reasons:

The Director of Health Services has reviewed the grievance and:

☐ Concurs with Warden ☐ Concurs with Committee ☒ Concurs with Supervisor

☐ Concurs Medical Co-Payment was Appropriate

9/23/10  
Date

Debra Hoyle  
Assistant Commissioner, Operations

OCT 05 2010



## TENNESSEE DEPARTMENT OF CORRECTION

## INMATE GRIEVANCE

8/10

JAMES GOOCH

NAME

264894

NUMBER

C.B.C.X

INSTITUTION &amp; UNIT

DESCRIPTION OF PROBLEM: C/O McDonald 3rd Shift OFFICER

I/JAMES GOOCH COULDN'T BREATHE ON 8/29/10

IM GRIEVANCE C/O McDonald 3rd Shift

REQUESTED SOLUTION: WHAT TOOK SO LONG FOR C/O McDonald TO REACH MEDICAL.

JAMES A GOOCH

Signature of Grievant

8-30-10

Date

18837/227015

Grievance Number

TO BE COMPLETED BY GRIEVANCE CLERK

9/2/10

Date Received

Signature of Grievance Clerk

INMATE GRIEVANCE COMMITTEE'S RESPONSE DUE DATE: \_\_\_\_\_

AUTHORIZED EXTENSION: \_\_\_\_\_

New Due Date

Signature of Grievant

## INMATE GRIEVANCE RESPONSE

Summary of Supervisor's Response/Evidence: see CR-3148

Chairperson's Response and Reason(s): I agree with the supervisor's response, and A GRIEVANCE SHALL NOT CONTAIN MULTIPLE ISSUES

DATE: 9/7/10

CHAIRPERSON: J. Beasley

Do you wish to appeal this response?

☒ YES☐ NO

If yes: Sign, date, and return to chairman for processing within five (5) days of receipt of first level response.

GRIEVANT

9-7-10

DATE

WITNESS

Distribution upon final resolution:

White - Inmate Grievant    Canary - Warden    Pink - Grievance Committee    Goldenrod - Commissioner (if applicable)



TENNESSEE DEPARTMENT OF CORRECTION  
INMATE GRIEVANCE      (continuation sheet)

DESCRIPTION OF PROBLEM:

I/ JAMES GOOCH 264894  
 BEAT ON DOOR LETING C/O McDONALD KNOW I SLEEP ON  
 A C-PAP BREATHING MACHINE.  
 HE STATED WHATS THE PROBLEM. I/ JAMES GOOCH STATED  
 I COULDN'T ~~BREATH~~ BREATHE. C/O McDONALD STATED LET ME  
 FINISH MY ROUNDS. I/ JAMES GOOCH STATED I NEEDED A DOCTOR  
 MY CHEST HURT AND ~~I~~ I CAN'T BREATHE. C/O McDONALD TELL  
 I/ JAMES GOOCH HOLD ON AGAIN I SAID MASH THE BUTTON SO  
 A GOLD BADGE WILL HURRY UP AND SEE ME. ~~HE~~  
 ONCE AGAIN C/O McDONALD TELL ME TO ~~HE~~ HOLD ON HE GONNA  
 CALL THE NURSE AFTER I/ INMATE GOOCH BEAT ON THE DOOR  
 C/O McDONALD LAID THE PHONE DOWN ~~HE~~  
 TOOK HIS TIME AND WALK OVER AND SAID YOU KNOW YOUR GONNA  
 BE CHARGED / I/ INMATE SPOKE OUT I DONT CARE JUST GET ME  
 TO MEDICAL PLEASE. IT WAS 15 MIN AFTER I TALKED TO  
 GOLD BADGE WITWOOD. HE RUSH I/ INMATE GOOCH TO MEDICAL  
 ALL I WANT WAS MEDICAL CARE.  
~~I/ INMATE GOOCH ASKED C/O McDONALD FOR A GRIEVANCE~~  
~~HE STATED IT WAS A NONE THEN HE SEE I WAS UPSET HE BOUGHT~~  
~~ME A F ONLY ~~THE~~ SHEET CAUSE HE WAS WRONG AND HE KNOW~~  
~~THE~~

JAMES GOOCH  
 264894





**TENNESSEE DEPARTMENT OF CORRECTION**  
**RESPONSE OF SUPERVISOR OF GRIEVED EMPLOYEE OR DEPARTMENT**

DATE:

9/2/10

Please respond to the attached grievance, indicating any action taken.

Date Due:

9/8/10

14437

Grievance Number

James Gooch

Inmate Name

264894

Inmate Number

On Sunday August 29, 2010 At Apprx. 0005 Inmate Gooch 264894 asked Ofc. McDonald to call the clinic because he was having trouble breathing. I/m Gooch was standing at ~~the~~ his cell door. Ofc. McDonald went immediately to his office. Ofc. McDonald called the clinic and the Shift Commander Lt. Morton to report that inmate Gooch was having trouble breathing. Lt. Morton informed cpl. Watwood via radio that an inmate in Housing Unit 7 needed to be escorted to clinic. Ofc. Duncan responded approx 0015 immediately and when cpl. Watwood arrived in housing U-7 inmate Gooch's cell door was opened. I/m was sitting on the toilet. He stated that he was experiencing shortness of breath and pain in his chest. I/m Gooch further stated that he was unable to walk. Ofc. Duncan obtained a wheel chair from the clinic. I/m Gooch dressed himself and was escorted to the clinic by Ofc. Duncan and cpl. Watwood 0019. The duty Nurse completed an assessment and obtained Vital Signs. Two nurses discussed I/m Gooch's recent diagnosis for sleep apnea and related problems. After the nurse checked him out I/m Gooch was escorted back to Housing U-7 0045. I/m Gooch ask Ofc. McDonald for a grievance. The I/m stated that Ofc. McDonald gave him only half of the grievance. Since the grievance was not an Emergency Grievance, it could have waited until Sunday morning on 1st Shift.

Captain Michael Barber

SIGNATURE

9-6-2010

DATE

White - Inmate Grievant    Canary - Warden    Pink - Grievance Committee    Goldenrod - Commissioner

Told Cpt. Watwood MR. McDonald Told me to  
wait until He Got Done Counting And Doing Rounds  
And Then He Came over why I was sitting on  
Toilet And SAid He's Gonna call medical after  
C/o Called After 10 to 15 minutes Later stated I  
would Be Charged I Respond I Dont  
Care Get Someone Done Here please

JAMES GOOCH  
#264894

9-27-10

## INMATE GRIEVANCE RESPONSE

James Gooch

NAME

264894

NUMBER

CBCX 8

INSTITUTION &amp; UNIT

18837

GRIEVANCE NUMBER

Summary of Evidence and Testimony Presented to Committee \_\_\_\_\_

CHAIRPERSON'S  
 Inmate Grievance ~~Committee's~~ Proposed Response and Reasons C.O. McDonald  
acted in a REASONABLE amount of time. A grievance  
shall not contain multiple issues (501.01.VI.C.1).

9/7/10

DATE

Devin Beasley

CHAIRMAN

MEMBER

MEMBER

MEMBER

MEMBER

Warden's Response: Agrees with Proposed Response ☒Disagrees with Proposed Response ☐

If Disagrees, Reason(s) for Disagreement \_\_\_\_\_

It is apparent from Captain Barbee's response that officer  
McDonald acted in such a manner as policy requires.  
Inmate Gooch injured himself and was escorted by wheel chair  
to the clinic and returned to good health.

Action Taken: \_\_\_\_\_

DATE 9/9/10

WARDEN'S SIGNATURE

Charles SimmonsDo you wish to appeal this response? ☒ YES ☐ NO

If yes: Sign, date, and return to chairman for processing. Grievant may at-  
 tach supplemental clarification of issues or rebuttal/reaction to  
 previous responses if so desired.

James Gooch Jr.

GRIEVANT

9-27-10

DATE

WITNESS

Commissioner's Response and Reasons \_\_\_\_\_

DATE \_\_\_\_\_

SIGNATURE \_\_\_\_\_

Distribution Upon

- Final Resolution: 1. Grievant 3. Grievance Committee  
 2. Warden 4. Commissioner (if ap-  
 plicable)



**TENNESSEE DEPARTMENT OF CORRECTION**  
**RESPONSE OF SUPERVISOR OF GRIEVED EMPLOYEE OR DEPARTMENT**

DATE:

(9/2/10)

Please respond to the attached grievance, indicating any action taken.

Date Due:

(9/5/10)

14637/227015

Grievance Number

James Gooch

Inmate Name

264894

Inmate Number

1/26/10 THE INMATE WAS IN TRANSIENT FROM HCCF. HE ARRIVED @ CBCK WITHOUT HIS B.PAP MACHINE. MS. BOYD CONTACTED BARBARA BUFORD, HSA @ HCCF ONCE. SHE WAS PROVIDED THIS INFORMATION.

HOWEVER, THE INMATE WAS SEEN FOR EMERGENCY TREATMENT BY THE MEDICAL CLINIC AND PROPER ACTIONS WERE PROVIDED REGARDING THE INMATE CARE. PLEASE CONTACT ME SHOULD YOU NEED ANY ADDITIONAL QUESTIONS/CONCERNS.

*Brenda J. Boyd, RN - HSA*  
 SIGNATURE

1/26/10  
 DATE

White - Inmate Grievant    Canary - Warden    Pink - Grievance Committee    Goldenrod - Commissioner



STATE OF TENNESSEE  
**DEPARTMENT OF CORRECTION**  
5TH FLOOR RACHEL JACKSON BLDG.  
320 SIXTH AVENUE NORTH  
NASHVILLE, TENNESSEE 37243-0465

**MEMORANDUM**

Inmate Name: James Gooch TDOC Number: 264894  
Institution: CBCX Housing Unit: HB-111  
Institution Grievance Number: 18837 TOMIS Grievance Number: 227015

**Commissioner's Response and Reasons:**

The Director of Health Services has reviewed the grievance and concurs with the Supervisor and the HSA.

2/11/11  
Date

Rich Hodge  
Assistant Commissioner, Operations

GR-6



## TENNESSEE DEPARTMENT OF CORRECTION

INMATE GRIEVANCE

JAMES GOOCH  
NAME

264894  
NUMBER

KF-103 HCCF  
INSTITUTION & UNIT

DESCRIPTION OF PROBLEM: Failed to provide PROPER Medical Treatment  
ON. 9/13/2010 I Recieved my RespiRONICS<sup>B.PAP</sup> MACHINE. I did  
Recieve basic Instructions on how to operate the machine  
REQUESTED SOLUTION: Policy and Procedure Needs to be followed at  
all times.

James a Gooch  
Signature of Grievant

9/14/2010  
Date

## TO BE COMPLETED BY GRIEVANCE CLERK

18260/226438  
Grievance Number

9-21-10  
Date Received

Sgt. J. Bran  
Signature Of Grievance Clerk

INMATE GRIEVANCE COMMITTEE'S RESPONSE DUE DATE: \_\_\_\_\_

AUTHORIZED EXTENSION: \_\_\_\_\_  
New Due Date Signature of Grievant

## INMATE GRIEVANCE RESPONSE

Summary of Supervisor's Response/Evidence: \_\_\_\_\_

Chairperson's Response and Reason(s): Concur with SUPERVISOR'S RESPONSE

DATE: 9/24/10 CHAIRPERSON: Sgt. J. Bran

Do you wish to appeal this response? ☒ YES ☐ NO

If yes: Sign, date, and return to chairman for processing within five (5) days of receipt of first-level response.

James Gooch  
GRIEVANT

9-27-10  
DATE

Cliff Walker  
WITNESS

Distribution upon final resolution:

White – Inmate Grievant    Canary – Warden    Pink – Grievance Committee    Goldenrod – Commissioner (if applicable)





## TENNESSEE DEPARTMENT OF CORRECTION

INMATE GRIEVANCE(continuation sheet)

DESCRIPTION OF PROBLEM: However, ON 9/14/2010 I started to Notice something was malfunctioning with the machine. I spoke with Officer Simmons and ask her to contact medical. C/O Simmons spoke with Ms. Buford, She responded by stating I needed to put in a Request. I explained to her that the situation was not a medical issue. (I was not having a medical problem)

The problem was my machine was malfunctioning. I wanted to find out if it was something I was doing or if the machine was damaged. (It has to do with the heater plate is not working on the humidifier.)

I believe Mrs. Buford is discriminated against, due to the fact I would not sign off on a previous grievance against her. (8/16/2010 I filed a grievance.) 18123/224983

This Medical Treatment is Follows under TDOC # 113.08

When deemed necessary, by the health care provider, health care prosthetic devices and durable medical equipment shall be provided to inmates in order to correct, assist or improve a significant body impairment or debilitating conditions.

This also is a direct violation of cruel and unusual Punishment which violates my constitutional Rights.

James Hoach

264894

9-14-10

Distribution upon final resolution:

White - Inmate Grievant    Canary - Warden    Pink - Grievance Committee    Goldenrod - Commissioner (if applicable)

# Grievance Hearing 9-29-10

I've written several grievances on my medical condition between the dates of;

Grievance Filed.	10-7-2009
	10-14-2009
	11-02-2009 hearing 11-4-2009
	11-17-2009
	8-16-2010 hearing 8-18-2010

Up till this date of 9/27/2010 I've filed these grievances and also I've contacted the TDAC, Commissioner Mr. R. Hefel (Assistant Commissioner of Operations) denied my complaint, However I was sent for a sleep study on 7-27-2010 in which I was sent to ~~an~~ outside to a sleep disorders center Jackson Madison County General Hospital at which time Dr. Ronald Taylor assisted in conducting the test in which it showed that ONCE I fell asleep I was not getting any oxygen to the brain. I started having numerous complications with an <sup>INCONSISTANT</sup> heart rate and my blood pressure. Dr. Ronald Taylor stated from a professional view that I needed to be placed on this machine while sleeping, as soon as possible.

To this date I still don't have a machine 9-27-2010 I was given one, however the machine was broke, I told medical however they would correct the error in the machine they just took the machine away and stated I would have to wait until the machine was repaired. They did not put a time frame on how long I would be without the machine.

10:30 PM

on 9-27-10 ~~at~~ while A sleep stop Breathing and Had A panick Attack could not ~~get~~ Breath or Function. Correctly on 9-28-10 sent me back to my unit AS I explained <sup>to MS. Brown unit Manger</sup> ~~that~~ to MS. Robertson, MS. Buford over medical that me and my celly are Both class "B" medical, explain to medical Doctor Nismuru that I've been on the floor since Friday. He stated you can go back to your ~~pod~~ POD now. I've ~~now~~ have 16 P.O. C.T. 11



**TENNESSEE DEPARTMENT OF CORRECTION**  
**RESPONSE OF SUPERVISOR OF GRIEVED EMPLOYEE OR DEPARTMENT**

DATE 9-21-10

Please respond to the attached grievance, indicating any action taken.

Date due 9-21-1018260/226438

Grievance Number

J. Gooch

Inmate Name

264894

Inmate Number

*Spoke with HSA Bryant she will contact inmate Gooch again and explain to him how the machine operates. There has been no Policy or Procedure Violated*

R. Kendrick

Signature

SEP 24 2010

9-23-10

Date

White - Inmate Grievant

Canary - Warden

Pink - Grievance Committee

Goldenrod - Commissioner

**DATE OF HEARING:** 9/29/10

SCO L. Brown Grievance Chairperson

Hearing Began At: 11:43am

Hearing Concluded: 11:50am

Elected Voting Board Members Present:

1. K. Lake (Sain) Staff Member  
3. W. Busby I/M Member

2. \_\_\_\_\_ Staff Member  
4. G. Rodriguez I/M Member

The Chairperson read the grievance, the Supervisor's response and the Grievant's requested solution.

Grievant's Name: J. Gooch TDOC #: 264894 GR #: 18260/226438

**Relevant new information presented:** States Dr. Crismaru couldn't explain to him how the C-pap machine worked upon him getting it. (Also see attached statement he read to Board.)

**Witnesses:**

Inmate Name \_\_\_\_\_ TDOC#: \_\_\_\_\_ Unit: \_\_\_\_\_

Statement: \_\_\_\_\_

Staff Witness: \_\_\_\_\_ POSITION: \_\_\_\_\_

Statement: \_\_\_\_\_

**COMMITTEE'S**

**RECOMMENDATION:** CR-1393



**TENNESSEE DEPARTMENT OF CORRECTION**  
**INMATE GRIEVANCE RESPONSE**

J. Gooch  
 NAME

264894  
 NUMBER

HCCF/KF-105  
 INSTITUTION & UNIT

18260/226438  
 GRIEVANCE NUMBER

Summary of Evidence and Testimony Presented to Committee Claims his C-pap machine is malfunctioning  
and HSA Buford will not help him  
fix it.

Inmate Grievance Committee's Response and Reasons I'm Gooch should receive a proper  
C-PAP machine immediately.

9/29/10  
 DATE

Sgt. J. Brown  
 CHAIRMAN

Histy Sain  
 MEMBER

[Signature]  
 MEMBER

G. Rodriguez  
 MEMBER

MEMBER

Warden's Response: ☐ Agrees with Proposed Response

☒ Disagrees with Proposed Response

If Disagrees, Reason(s) for Disagreement

Medical said Martin was really  
the Committee has no power if the machine  
was not.

Action Taken:

DATE: 10-06-10 WARDEN'S SIGNATURE: [Signature]

Do you wish to appeal this response? ☒ YES ☐ NO

OCT 08 2010

If yes: Sign, date and return to chairman for processing. Grievant may attach supplemental clarification of issues or rebuttal/reaction to previous responses if so desired.

James Gooch  
 GRIEVANT

10-11-10  
 DATE

Sgt. J. Brown  
 WITNESS

Commissioner's Response and Reason(s):

DATE

SIGNATURE

Distribution Upon Final Resolution:

White - Inmate Grievant

Canary - Warden

Pink - Grievance Committee

Goldenrod - Commissioner



STATE OF TENNESSEE  
**DEPARTMENT OF CORRECTION**  
5TH FLOOR RACHEL JACKSON BLDG.  
320 SIXTH AVENUE NORTH  
NASHVILLE, TENNESSEE 37243-0465

**MEMORANDUM**

Inmate Name: [REDACTED] TDOC Number: 264894  
Institution: HCCF Housing Unit: [REDACTED]  
Institution Grievance Number: 18260 TOMIS Grievance Number: 226438

**Commissioner's Response and Reasons:**

The Director of Health Services has reviewed the grievance and further information requested from HSA. Concur with the Supervisor, information complete.

NOV 10 2010

11/1/10  
Date

Rubén Hefert  
Assistant Commissioner, Operations